



STATE OF MONTANA  
DEPARTMENT OF ADMINISTRATION  
INFORMATION TECHNOLOGY SERVICES DIVISION



Brian Schweitzer  
Governor

# State Of Montana Department of Public Health & Human Services IT Plan

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FOR FY2006 IT PLAN UPDATE

Should you have any questions or comments regarding this template, or desire additional copies, please contact:

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January 19 2006

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## EXECUTIVE SUMMARY

TO: Dick Clark  
Chief Information Officer  
Department of Administration

FROM: Joan Miles   
Director  
Department of Public Health and Human Services

SUBJECT: DPHHS Information Technology Plan Executive Summary

I am pleased to present Department of Public Health and Human Services 2006 Information Technology Plan. The plan represents the Department's commitment to use information technology cost effectively, to improve efficiency of programs, and deliver cost effective services to the citizens of Montana.

DPHHS conducted an agency-wide business process reengineering project to identify, document and reengineer Agency critical service delivery and administrative processes that are marginally functional and/or inefficient and potentially could be streamlined through information technology. Many of the IT Initiatives and Activities, including new TANF, and Food Stamp Eligibility Systems, and a new CAPS System are the result of the project.

Overviews of each of DPHHS's eleven divisions and the Director's Office are included in Section 3, along with short term and long term goals to meet the their IT needs.

DPHHS has a long history of success with IT systems, and has produced several innovative systems that make Montana a leader among states. These systems include Montana Access, an electronic benefit transfer (EBT) system that provides on-line distribution of Food Stamp and TANF benefits, and Child Support collections, where the State of Montana acts as its own bank; the Montana Vital Statistics systems that provide on-line access to hospital and funeral homes for entry of birth and death information. The electronic death registration system, implemented in 2003, was one of the first web-based registration systems in the nation; and Operation Protect Montana (OPM), a web-based system used by our Senior and Long Term Care Division staff to track abuse, neglect, and exploitation of elderly and disabled citizens of Montana.

DPHHS welcomes the opportunities and challenges to provide Information Technology solutions to achieve our mission of "Improving and Protecting the Health and Well-Being and Self-Reliance of all Montanans."

## SECTION 1: AGENCY CONTACT INFORMATION

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## SECTION 2: AGENCY MISSION & AGENCY IT MISSION

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### 2.1 Agency Mission Statement

“To improve and protect the health, well-being and self-reliance of all Montanans”

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### 2.2 Agency IT Mission Statement

To provide state-of-the-art technology critical to the efficient and effective implementation and support of all department operations and programs.

## SECTION 3: AGENCY PROFILE

### 3.1 Service Areas

#### **Addictive and Mental Disorders Division (AMDD)**

**Mission:** To implement and improve appropriate statewide systems of prevention, treatment, care and rehabilitation for Montanans with addictive and mental disorders.

AMDD is responsible for providing alcohol and drug prevention, treatment and aftercare services and mental illnesses treatment services. Community based programs are managed to provide eligible individuals with mental health programs for adults and for eligible children and adults with chemical dependency programs. State managed facilities provide institutional services to adults with mental illness. The Montana State Hospital in Warm Springs (189-beds) is typically of a short duration while services at the Montana Mental Health Nursing Care Center in Lewistown (165 beds) are considered to be long term. Direct inpatient addiction treatment services are provided at the 76-bed Montana Chemical Dependency Center (76-beds) in Butte.

*Primary Beneficiaries:* Primary beneficiaries of AMDD services are low-income children and adults with chemical addictions and low-income adults with mental illnesses. Prevention activities in the chemical dependency program benefit all Montanans.

*Partners and Stakeholders:* AMDD works closely with service provider organizations, groups that advocate on behalf of program consumers and their families and other public agencies serving people with mental and chemical dependency disorders.

*Other organizations that have an interest in our activities (as a service area):* Within DPHHS, Child and Family Services Division, Disabilities Division, Health Resources Division for children's mental health issues, Human and Community Services Division and Senior and Long Term Care Division share consumers and program policy issues with AMDD. In addition, public schools, low-income housing programs, law enforcement and correctional programs have interest in AMDD's programs.

*How the agency interacts with these other agencies, local governments, the public, businesses, and other entities -* How the agency promotes customer focus and collaboration with these groups: AMDD has a broad-based Advisory council for the mental health program and regularly meets with groups representing various mental health and chemical dependency interests. The Division maintains a toll-free telephone number to receive questions, comments and complaints about its services and programs.

The Addictive and Mental Disorders Division has several IT improvement plans to systems currently implemented or underway. These do not fall into the 'Initiative' or 'Activities' categories, therefore, will be included with the Division narrative.

In the short term, AMDD needs additional resources to be able to fully implement the Totally Integrated Electronic Record (TIER) at AMDD facilities. The resources necessary include additional funding for a contractor to assist with the implementation and additional programming staff and staff to train users on the new system. The division also has on going maintenance costs for TIER that increases each year. There is also a need to purchase uninterruptible power supplies to minimize the disruption of TIER during power outages and backups. TIER is maintained at facilities that operate 24 hours a day, 7 days a week; therefore TIER must be available during working hours as the facilities receive admissions around the clock. TIER must be available for input or it creates additional workload on staff if they must take record information on paper before it is input to TIER. Uninterruptible Power Supply units will also need to be purchased for each facility. In addition, there is an ever-increasing need for IT support to their 24/7 institutional



operations. Current IT support to the facilities was developed on a normal 8 to 5, 5 days a week work schedule.

DPHHS, Technology Services Division is working on the development of the Substance Abuse Management System (SAMS) for the Chemical Dependency Bureau that needs to be continued.

At the Nursing Care Center in Lewistown, there is a need to update the computer hardware and network in order for the facility to be able to use Telemedicine technology. This technology allows doctors and others to see via video and to communicate with a patient without having to travel. Telemedicine technology allows for virtual health exams and reduces costs. It may become a way the AMDD state run institutions are able to have ready access to clinical staff such as psychologists. This is technology the division is interested in pursuing at its facilities and being able to have compatible systems with community health care providers and court systems.

The division will also have the normal replacement schedule for computers and servers.

In the event the HIFA waiver is passed and approved, an upgrade to the current MHSP eligibility system (TESS) will be implemented.

In the long term, AMDD would like to incorporate hand-held scanning technology into the plan (e.g. scan med labels, patient id, etc.). The implementation of a wireless network at the three facilities and the incorporation of the tablet personal computer technology to allow the use of TIER real time in the patients room or anywhere within the facilities.

**Implementation of Client Services Master File.** The Mental Health Services System (MHSS) component will be used as the primary controlling entity for services authorization and tracking. Routine checking of service transactions against the treatment plan table will flag unapproved transactions and notify providers of services not being provided. Information from the Medicaid fiscal agent (ACS) (see Direct Access to ACS Claims data below) will be used for synchronized access to services information. Services master file records will be linked to each client's electronic treatment plan record (not yet implemented). Design and programming of the Client Services Master File is expected to be completed this year.

**Client Recovery Data.** A new web application was developed in 2005 to accept client recovery marker data from service providers for case management of co-occurring clients. It is anticipated that recovery marker data will reveal whether there is progress in recovery as a result of treatment. This application is being developed as a Java Server Pages module, using Struts, a java application framework. The Client Recovery Marker program is in production at South Central Community Mental Health Center (CMHC) and six Chemical Dependency group homes. During 2006, this program will be expanded to include additional sites, and will be enhanced with a reporting capability.

Currently, there is no method to prevent Mental Health and Chemical Dependency personnel from seeing client information other than that pertaining to their respective clients. This security feature will be completed later this year by incorporating a direct database linkage to ACS for verification of provider and service authority. See Direct Access to ACS Claims data below.

**Performance Data.** The performance table was placed into operation in 2004 and is still active, with data being posted by Western Montana CMHC, South Central CMHC, Golden Triangle, and Eastern Montana CMHC on a monthly schedule. The Performance Table tracks data on 76 performance variables used in reporting Montana Mental Health Services progress to Federal funding agencies through the URS Tables. Data is uploaded by providers through a Web page and then posted to a staging table. An update package scans the staging table entries and posts changes to the performance table, after writing a snapshot record of the prior information to the history table. All data uploads are handled through the web, without the need for FTP (file transfer protocol).

Mental health center participation in performance data collection will need to be improved. Efforts will be made in 2006 to either improve provider performance or arrive at an alternate method of acquiring this important information. A reporting component will also be added to this project in the hope that feedback will improve

efforts of the providers. To insure that the Mental Health Services Bureau (MHSB) team is more responsive, transfer of staging table data to the performance table will be controlled by an automated scheduled procedure that will send email notification to the appropriate staff members.

A better alternative to the batch upload procedure would be the option of directly connecting the CMHC's to the MHSB through the State's virtual private network (VPN). The purpose of these connections would be to enable service providers to furnish MHSB with current performance data as well as other information on mental health consumers and the services they are receiving. A VPN link to the State would provide this alternative by giving the CMHC providers the capability of directly updating the Mental Health Services database through a secure Oracle DB-link. The direct connection would make it possible for the provider to update their local database and the MHS database concurrently with the same software application, insuring continuous synchronization of data between the State and the field. With the VPN connection, all that is required to implement this capability is the addition of a second connection through an ODBC (open database connectivity) driver, since the VPN would essentially make the provider a member of the State's internal network. This solution would provide greater accuracy, greater speed and greater security than the web-based system, while eliminating staff time required in uploading and processing batch files.

Since the capability of connecting home workstations to the State network through a VPN client is well established, this service could be extended to include the capability of connecting CMHC servers through a router-to-router VPN. This might be accomplished either through the use of a VPN server module obtained from Cisco Systems, or through the acquisition of a Cisco 501 Pix Router which could be connected to the State's VPN router. There may be other acceptable methods, which could be implemented without using the existing State VPN.

More research will be needed prior to implementation. Therefore, we plan to establish a pilot project to prove the validity of the model. We now have a volunteer provider agency, Eastern Montana Community Mental Health, which is interested in working with us. They are about to begin the software modifications necessary to change from an AS400 computer platform to a Microsoft-based platform. This would, therefore, be an ideal time to incorporate the additional functionality necessary to implement the VPN approach. We expect to place the VPN pilot project in operation around the middle of the year.

**Case Management System.** The Children's Targeted Case Management Data effort was begun prior to the 2003 Legislature when the AMDD Mental Health Services Bureau had responsibility for children's services. At that time no data was available relating to those services or the quantity of resources expended by the providers in performing those services, particularly case management. It was intended that the case management data model would eventually be extended to cover all therapeutic services. The Case Management System became an orphan after the session, since children were no longer the responsibility of MHSB, and since the Children's Mental Health Bureau showed no interest in the data being collected. Despite its orphan status most children's mental health providers continue to participate by uploading data to the system on a somewhat intermittent basis. This system collects data through a web-based "upload" and "store" procedure almost identical to that of the Performance System. The Case Management System will continue as it has and be available for use by the Children's Mental Health Bureau, pending further management directives.

**Eligibility System.** During 2005, source code for The Eligibility Screening System (TESS) was recompiled into an Oracle Forms Application, which now makes TESS available as a Web page through a standard desktop browser such as Internet Explorer. This has allowed TESS to be integrated as a Web component under the MHS System, and eliminates the need for the Citrix interface that has been in use up to now. Later this year, Remaining Citrix users will be switched over to the Web application and MHS Citrix licenses will be dropped. To become active, web forms applications require the installation of Jinitiator, a java plug-in, which must be downloaded from the Internet. Although this is only required the first time the module is run, this makes Web Form applications slightly less convenient to use. TESS will also need to be modified to meet the tracking requirements for the HIFA waiver. If the waiver is approved TESS will contain information on the waiver and non-waiver eligible clients.

Eligibility reporting is handled as a JSP Web application separate from the forms application, although the Web application has access to all the TESS database tables. Reports are now limited to monthly renewal lists for both adults and children, plus the capability of selecting additional reports by month. During 2006, the reporting capability will be enhanced for TESS information using additional JSP applets.

**Query Path.** ACS's Decision Support System continues to be a major resource for Mental Health information for Medicaid eligible consumers, which comprise about 75 percent of the State population. In 2005, ACS installed a high-speed data line to relieve some of the congestion caused by an increased number of users. We expect to use Query Path even more in 2006 than in 2005.

**Direct Access to ACS Recipient Data.** In addition to the Query Path route, we are now able to connect directly to ACS's Oracle database, using a stored procedure resident on their system. This interface takes advantage of the fact that ACS shares our State internal IP network, where we are both behind the same firewall. This link makes it possible for us to securely and efficiently retrieve confirmation of recipient name, Social Security number, date of birth, address, and other information through both PL/SQL and java-based procedures on a real-time basis. MHSP applications have been making good use of the direct database link since September of 2004, and we anticipate extending this methodology to other applications. ACS is a key information resource and we need to make sure that AMDD is taking full advantage of all relevant data that is available.

**Direct Access to ACS Claims Data.** The Client Recovery Marker project (item called Client recovery Data above) will require a new Oracle Database link procedure to be installed at ACS to validate information on case management services as users enter data into the table. We received ACS approval for this project in October, and ACS has performed preliminary work in setting up a custom "view," containing the paid claims fields that we will need for Client Recovery Markers and other projects. This will be an important element in accomplishing Goal III, Objective 4 of the 2005 Data Infrastructure Grant, Implementing a Service Transaction System. We expect to complete implementation of the ACS Claims Interface early in 2006.

**Criminal Justice Interface.** The MHSS to Criminal Justice Information System arrest data interface has been in production since November of 2005, and now runs as a weekly batch job without manual intervention. Each Monday morning, we have a fresh table of arrest records to work with, if needed. This interface is implemented as an Oracle DB-link (modeled after the ACS link) from the CJIS to the Mental Health Services System. This procedure takes records found in the MHSP\_CJIS\_REQUEST table, looks up records for each client using their social security number, then writes matched records out to the MHSP\_CJIS\_ARREST table. This project was implemented as a result of a Data-Sharing agreement between AMDD and the Department of Justice, signed in June of 2005. This same approach may be used in 2006 to obtain information from other agencies, which share the State's internal network.

**Medicare Information Update.** As a result of Medicare Waiver research and planning, TESS Medicare eligibility data needed to be rebuilt from a CMS Return file containing current information for TESS Medicare clients. The Return file data was validated against ACS Medicare information and was posted back to TESS. It was later discovered that this information omitted a large number of potentially eligible clients. We are still waiting for the revised CMS return file, which should arrive early this year.

After the data fields are rebuilt and under maintenance by the providers, the information on Medicare Part A and Part B eligibility needs to be made available to MMIS. The current nightly batch job that sends TESS updates to TEAMS (which produces an output file for MMIS) was altered to set the Medicare data fields to null. This Oracle package has been corrected to re-enable processing of the Medicare data, and the extracted data has been tested and verified by ACS. This project is ready to be put into production.

**Medicare Part D Implementation.** Medicare Part D eligibility has to be quickly determined for MHSP clients to meet Federal requirements now in effect in 2006. It has been determined that Part D eligibility can be handled by TESS as a third party liability function, but provision needs to be made to transfer the TESS information to MMIS. Unfortunately, like the Part A and B information above, the current version of the TESS/TEAMS interface has no provision for loading TPL data unless the program finds a corresponding current application status record. Triggers have, therefore, been added in TESS to write a new application status record (as well as a

policy coverage record) whenever a new TPL (policy table) record is inserted or changed by a provider staff member. This same mechanism is also used for Medicare Part A and B eligibility, when TESS Medicare history records are added or changed. The presence of these status records will be detected by the TESS\_TEAMS\_EXTRACT package, causing the new policy records to be read and TPL information written to the daily extract file. These records are to be identified as Medicare Part-D records by a special “MMA” carrier code. From the daily extract this information is passed to TEAMS, which then writes an output file that is transferred to ACS through FTP, where it will be available to MMIS.

Since the TESS method of adding Medicare Part-D records may be confusing to the user, separate web application has been developed to add these special policy records. The screen has a pull down menu to allow the selection of valid Part D plan numbers, which are stored in the policy group number field. The Medicare Part D application is implemented in Struts, using basically the same logic as the Recovery Markers application (item 2). This application has been tested and is ready for implementation. A reporting capability may be added in 2006.

## **Business & Finance Division**

The Business & Finance Division provides fiscal support services to the Department of Public Health and Human Services. The division develops implements and monitors accounting and fiscal processes and systems in accordance with state and federal fiscal regulations and departmental mission guidelines, other departments of state government and agencies of the federal government. The division is composed of three bureaus, the Fiscal Operations Bureau, the Fiscal Support Bureau and the Budget, Support and Vital Records Bureau.

The Fiscal Operations Bureau manages the department's fiscal processes and provides input to the state accounting system for benefit payments and operating expenditures, drawing and recording federal cash, obtaining reimbursement for services provided by the department's institutions, preparing filing federal financial reports, purchasing supplies and equipment, and managing payroll functions for the department.

The Fiscal Support Bureau provides leadership and guidance to the department in the development and implementation of accounting policies and procedures that are consistently applied in compliance with professional standards, state statutes, federal regulations and legislative intent. The Fiscal Support Bureau provides leadership and guidance in the development and implementation of innovative, effective and efficient business processes that represent best practice, while considering program needs and perspectives. The Fiscal Support Bureau processes accounts receivable for collecting and depositing agency monies received in the Fiscal Services Division, submits the department cost allocation plan to the federal government, manages the department's monthly cost allocation process, and maintains the department's chart of account codes.

The Budget, Support and Vital Records Bureau develops and manages the division's budgeting processes, provides centralized contract management and support, and develops and maintains statistical analyses of the major benefit programs. This bureau is also responsible for statewide office space agreements, mail operations, forms distribution, records management, property accounting, vehicle fleet management, and Cogswell and Sanders Street building security and maintenance. It also administers the statewide vital records programs, which includes the registration of all births, deaths, fetal deaths, marriages, dissolution of marriage, adoptions and abortions.

The division maintains and operates IT systems to carry out its responsibilities. Systems are designed to interface with SABHRS and other subsystems as appropriate, and provide for internal controls in entry and approval. These systems are subject to regular system maintenance and updates:

- The Management Information and Cost Recovery System (MICRS) processes reimbursements for the department's institutions.

- The Purchasing, Entry, Receiving and Query System (PERQS) is an online purchase order control system available to all DPHHS employees who perform or research purchasing, receiving, and/or payment activities.
- Information Services (ISERV) Timesheet and Travel System provides on-line timesheet entry and approval; and on-line travel request and expense reimbursement entry and approval for department employees.
- The AR system provides tracking and billing tools for department accounts receivables. The Fiscal Services Division will be converting accounts in existing AR systems to the SABHRS AR module over the next couple of years. Business processes from data entry through reporting will be reviewed to determine where additional attention is needed.
- The Cost Allocation System uses SABHRS tools to accumulate and distribute agency overhead expenditures.
- The AWACS Fiscal System provides financial management tools to department accountants and budget analysts.
- MICRS is the application that handles all medical billing at all state health facilities. The system currently has 15 users throughout the state but this is about to double in the next year. It handles Medicare A, Medicare B, Insurance, Medicaid, and private billing as well as census and resident-specific data, including admissions and movements within the facilities. Bills are derived following federal and state rules using patients' bed days, medications and services. Each major billing type has a number of dedicated forms and reports as well as shared screens. This system handles a large amount of receivables from federal, insurance, and private individuals (@ \$17 million - 24 million/yr). MICRS tracks what charges have been accrued and how much has been paid against those charges.

MICRS is comprised of 200+ tables, 200+ views, including module component api views, more than 100 module component api packages, 45 database packages and more than 20 stand alone procedures and functions, table api, 141 forms with 40 libraries, 2 menus, and 106 reports. Additionally, we have a number of re-useable ad hoc reports for project management and canned data changes. These functions must be maintained by the MICRS team to keep the system running smoothly. MICRS includes data input, data downloads, and electronic submission of bills, as well as paper statements. At this time, we have > 3000 hours of incomplete development known, with an average of 126 hours added each month.

Note: this system is used by Fiscal billing clerks, financial investigators, and census folks, and is about to include the social workers at Warm Springs as well.

MICRS saves the department time, money and duplicated effort in billing third party payers for services provided at the DPHHS institutions. The money recovered is deposited into the general fund to offset the state's cost of caring for these individuals.

#### **Project Description:**

The Business & Finance Division will contract a computer programmer for the 2009 biennium for ongoing maintenance and system enhancements in areas such including the following:

- Make programming changes as needed for the system to comply with changing federal rules, including data collected, formulas and calculations, and required forms. Programs include Medicare Parts A, B and D; Big Sky Rx; Medicaid; and other new and ongoing grants and programs.
- Update MICRS as needed for data collection and reporting for use by the institutions, eliminating the need for duplicative database systems or manual calculations.
- Design and update report output formats and calculations to meet new and changing needs of federal and state programs and grants.

The project will provide:

- Accurate and timely billing according to federal and state requirements.

- Return of investment obtained by billing third parties for their share of institution bed days and services, of approximately \$17.5 million to the general fund and over \$3 million to certain institutions.
- Promotes efficiency by reducing or eliminating re-billings for missed bed days and services.
- Expedites billing and subsequent reimbursement to the state.
- Savings of staff time, by eliminating the need for creation, transmission and reconciliation of census information in different databases.
- Provides for on-line census statistics.
- Provides for consistency in DPHHS census information.

**Risk of not doing the work:**

The funding for the 2009 biennium of \$250,000 is essential for continuing maintenance and changes that are necessary because of new state and federal legislation, and for streamlining the cost of accurately determining amounts and sources of recovered funds.

Risks of not funding this system include:

- A loss of over \$17 million to the general fund and over \$3 million to certain institutions, caused by reverting to manual billing systems that can be inaccurate, not timely, and not in compliance with complex rules of federal and state programs.
- The alternative is for staff to manually gather and adjust statistics and billing information, with a resulting loss of efficiency and at greater cost to the department. If MICRS is not updated to meet federal requirements, it would lose its usefulness and would ultimately have to be discontinued.
- If MICRS was not kept current with federal and state requirements, inconsistencies and errors in data collection could result.
- Data collection errors in census data could misrepresent the department's work in managing and reporting usage of the DPHHS institutions.

*Primary Beneficiaries:* The primary beneficiaries are the clients eligible under the major programs; providers of services to clients; other DPHHS divisions; the 56 Montana county departments; and contractors involved with department financial activities and affiliated programs.

*Partners and Stakeholders:* The partners and stakeholders are our clients, health care providers, DPHHS divisions, contractors, Montana's 56 counties, the federal government, Montana Department of Administration, Legislative Fiscal Division and the Legislative Audit Division.

*Other organizations that have an interest in our activities (as a service area):* There is significant interaction with the Department of Administration, the Office of Budget and Program Planning, the Legislative Fiscal Division and the Legislative Audit Division.

How the agency interacts with other agencies, local governments, the public, businesses, and other entities - How the agency promotes customer focus and collaboration with these groups: The Business & Finance Division works jointly, with the above listed divisions, to provide accurate and timely financial information concerning the activities of the department.

## **Child and Family Services Division**

This division administers programs to protect children and youth from abuse, neglect and abandonment. The division works with communities and providers to support the strengths of families to increase their ability to nurture and provide for their children. The division provides child protective services (including investigatory services, emergency protective services, voluntary protective services, court-ordered protective services, and permanency services) to children and families; licenses family foster homes, child placing agencies and adoption agencies; and provides adoption services to children in the custody of the State of Montana. The division has three bureaus and five field regions.

The Program Bureau is responsible for employee training, administration of interstate compacts for foster care and adoption, licensing adoption agencies, administering grants for programs involving domestic violence, child abuse and neglect, access and visitation, Children's Trust Fund and the Children's Justice Act. The bureau is also responsible for coordinating state and federal relations including the development of federally required state plans, contract monitoring, and program compliance. The bureau drafts administrative rules and policy and provides technical assistance and support to field staff in the areas of: in-home services, family support and preservation, child protective services, foster care, guardianship, adoption and permanency, independent living and Indian child welfare.

The Operations and Fiscal Bureau is responsible for the management and coordination of financial activities, IV-E eligibility determinations, making SSI applications on behalf of children in foster care, information systems liaison, legislative budget preparation, evaluation and benchmark analysis, and coordination of supplies, leases and equipment.

The Centralized Intake Bureau is responsible for the operation of the statewide centralized intake system. This bureau receives all reports of suspected child abuse, neglect, or abandonment statewide from both mandatory and discretionary reporters seven days a week, 24 hours a day.

The Division Administrator is responsible for the overall administration of the division's programs including direct supervision of the regional administrators and bureau chiefs, developing the division's legislative plan and allocation of resources throughout the division.

*Primary Beneficiaries:* The primary beneficiaries are Montana's children and families affected by neglect, abuse, and abandonment. The Division provides mandated protective services to children who are abused, neglected or abandoned. Other beneficiaries are adoptive parents and guardians who provide safe living situations for children who cannot return to the homes of their biological parents. Other beneficiaries include parents of children who require services and/or treatment to create a safe living environment for their children.

*Partners and Stakeholders:* The partners and stakeholders are: legislators; service providers such as foster parents, group homes, institutions providing therapeutic treatment, domestic violence shelters, therapists, mental health workers, chemical dependency treatment programs, parenting education trainers, home visitors, transitional living skills trainers, Big Brothers and Sisters Programs, and others; district court judges, county attorneys, court appointed special advocates, guardians, foster care review committees, and citizen review boards; members of state and local child and family services advisory councils; schools; law enforcement; private physicians, and other mandatory reporters; tribal court judges, tribal social services staff, and ICWA expert witnesses; and others involved in Montana's child welfare system.

*Other organizations that have an interest in our activities (as a service area):* The Division also interacts with Department of Corrections by performing CAPS processing for children in the correctional system and the Department of Justice for legal services.

The responsibility for assuring on-going involvement of local community stakeholders in the Division's planning activities resides with the Division's Local and State Advisory Councils. Each of the Division's five regions has at least one Local Advisory Council. During the past four years, each Regional Administrator has worked to assure the local councils in his/her region are viable, active councils.

Statewide, 90 local community stakeholders serve on eight local councils. The local stakeholders represent a cross-section of community agencies. The agencies represented in this cross-section include, but are not limited to, schools, public health departments, juvenile probation officers, foster care providers, children's mental health, child care providers, tribal agencies, a ministerial association, the legislature, Court Appointed Special Advocates (CASA), children's services providers, county commissions, and law enforcement. The local councils meet quarterly and provide on-going input/feedback regarding Division programs.

The responsibility for assuring on-going involvement of State stakeholders in the Division’s planning activities resides with the Division’s State Child and Family Services Advisory Council. Membership of this council is comprised of the chair of each local advisory council, legislators, an attorney, the Executive Director of the Montana Chapter of the National Association of Social Workers, a CASA/prevention program representative, and a member of the Department Native American Advisory Council. The state council meets quarterly. A staff person for the Montana Court Assessment Project regularly attends these meetings.

In addition to the State Advisory Council, State stakeholders are involved in agency planning via informal, on-going communication between State stakeholders and the Division. For example, the Division Administrator serves as a member of the Children’s Justice Council and state office staff serves on the advisory board for the Court Assessment Project.

The Division uses a variety of ways to obtain tribal input on agency planning. At least five of the local advisory councils have a tribal member who participates in planning on the local level. The Department has a Native American Advisory Council administered from the Director’s Office. This council meets quarterly. Division staff attends each meeting and frequently discuss issues relevant to the Division’s program during the meeting. A member of this council serves on the Division’s Advisory Council. In addition, central office and regional staff engage in informal, on-going communication with the social services staff of all seven Montana Indian reservations.

The Child and Family Services Division provides state and federally mandated protective services to children who are abused, neglected, or abandoned. Services include: receiving and investigating reports of suspected child abuse and neglect, child protection, in-home services, foster care, reunification, adoptions, guardianship and domestic violence prevention. IV-E funding foster care and adoption services is authorized under Title IV-E of the Social Security Act. Title IV of the Social Security Act is administered by the Department of Health and Human Services. The Administration for Public Services, Office of Human Developmental Services, administers social services under Title IV, Part E. Title IV appears in the United States Code as §§601-687, subchapter IV, chapter 7, Title 42. Regulations of the Secretary of Health and Human Services relating to Title IV are contained in chapters II, III, XIII, Title 45, Code of Federal Regulations.

The Child and Family Services division recently developed a Child Welfare Outcome Reporting System with the University of Kansas Center for Research, Inc. (KU), aka MTROM. Montana is required by the federal government to implement a Program Improvement Plan (PIP). The Outcomes Reporting System will play a critical role in measuring Montana’s performance on the key safety and permanency standards and will allow staff to detect and address problem areas. Phase II of this project will build on the successes of the first year of developing result-oriented approaches to managing child welfare in Montana. KU will continue to provide consultation services, maintain the ROM reports system, and develop new enhancements to the report system. These services will be provided within budgeted resources.

A new CAPS contract will begin July 1, 2006. The overall goal is to maintain current system resources and secure additional resources to implement high priority enhancements and to address state and federal compliance issues. Performance measures: Implement enhancements that satisfy the needs of the division and to address state and federal compliance.

A BPR has been completed on the CAPS payment process and recommendations have been made. The division will follow these recommendations as resources allow. There is a need to automate the IV-E foster care determination process (Financial IV-E module in CAPS). This is currently in progress under LOE.



## **Child Support Enforcement Division**

The Child Support Enforcement Division establishes paternity, locates obligated parents, establishes and modifies legal obligations requiring parents to provide medical and financial support for their children, and enforces those obligations. Services are provided to families receiving assistance under Montana's FAIM (Families Achieving Independence in Montana) program, or under the federal TANF (Temporary Assistance for Needy Families), Medicaid, or IV-E programs. Services are also provided to parents or custodians who apply for CSED services, or who are referred through the interstate IV-D system. The division is divided into six bureaus.

The Field Services Bureau locates obligated parents; establishes paternity for out-of-wedlock children; establishes, modifies and enforces financial and medical support obligations; and ensures division case working activities comply with federal regulations and performance standards.

The Administrative Services Bureau oversees the receipt and distribution of child support payments, federal financial reporting, and financial record keeping. The fiscal services section manages the electronic transfer of child support payments, direct deposit payments, warrants and payments to the Montana Access System cards.

- CSED is looking into a way to eliminate sending advices to a Custodial Parents when a direct deposit is made to their bank account. It is understood that vendors will have access to the EFT advices on-line in the near future, the possibly to direct these Custodial Parent's to this site is in progress.

The Program and Training Bureau develops, implements and monitors program, administrative, audit and training operations in order to ensure a coordinated and effective child support enforcement program. This includes designing, evaluating and monitoring program compliance with statutory and regulatory provisions, development of policies and procedures, and providing program support to the Division in the areas of training, purchasing, personnel processing, private contracting, automated system development and interface management, State Plan compliance, and oversight of the State Directory of New Hires and the federal and state tax offset programs.

The Budget Officer is responsible for the overall management of division budget and has broad authority and responsibility in proposing and implementing fiscal and management policies that impact administration and programs involved in all division bureaus, and acts as the division coordinator of the Executive Planning Process.

The Legal Services Bureau represents the program in administrative and judicial matters, provides legal advice to program employees in their daily enforcement work, prepares legal opinions, and reviews program policy to ensure compliance with state law and federal regulations.

The Office of the Administrative Law Judge adjudicates contested child support cases as defined by the Montana Administrative Procedure Act, issues and compels obedience to division orders and subpoenas, maintains the division's paternity and lien registries, and functions as the contested case record keeper for the division.

## **Director's Office**

The Director provides direct supervision over the Child and Family Services, Child Support Enforcement, Public Health and Safety, Human and Community Services, Technology Services, and Quality Assurance Divisions. In addition, the Director provides supervision to the Deputy Director, the Office of Legal Affairs, Office of Human Resources and to the public information officer and prevention resource center

The Deputy Director provides direct supervision over the Addictive and Mental Disorders, Health Resources, the Business and Finance, Disability Services, Blind and Low Vision Services and Senior and Long term Care Divisions. In addition, the Deputy Director provides supervision to the Office of Planning, Coordination and Analysis, the Office of Budget and Finance, and the Medicaid eligibility functions of the Human and Community Services Division.

The Office of Planning, Coordination and Analysis is responsible for agency wide Medicaid policy direction, helping the department maximize the effective use of funds through refinancing and the

maximization of revenue, identifying and creating efficiencies, and the generation of savings. The OPCA also is responsible for the Medicaid Management Information System (MMIS).

The Office of Budget and Finance manages the department's budgeting processes. The office provides guidance and support to the department's twelve divisions concerning the reporting and operation of their financial structure, as well as overseeing the day-to-day management of the agency's appropriations. The office assures that uniform budgeting processes are used throughout the department, and promotes standards that present complex budgeting and accounting records in the most simplified manner. Department-level cost estimation and financial reporting of the major benefit programs are produced by the office. The OBF is also responsible for the Random Moment Time Study (RMTS).

The Office of Legal Affairs provides legal assistance to the department, supervises the adoption of administrative rules, and coordinates the use of external legal counsel.

The Office of Human Resources includes the administration of the classification and pay plans, employee relations, labor negotiations, leave administration, development of an affirmative action plan for equal employment opportunity (EEO) and employment of the disabled, and staff development training.

The Public Information Officer provides information to the public about the agency's programs and services.

The Prevention Resource Center assists Montana comprehensive youth prevention programs in areas such as substance abuse, child and family safety, violence and crime.

*Primary Beneficiaries:* The primary beneficiaries are the clients eligible under the major programs; the 56 Montana county departments; the enrolled tribal members of a federally recognized tribe whose reservation lies within the exterior boundaries of Montana; contractors involved with the Director's office or affiliated programs. Management of the agency is the prime responsibility of the Director's office, therefore all clients contractors, providers, and employees benefit from the activities of the Director's office.

*Partners and Stakeholders:* The partners and stakeholders are our clients, contractors, health care providers, Montana's 56 counties, the federal government, and tribal governments of federally recognized tribes whose reservation lies within the exterior boundaries of Montana.

*Other organizations that have an interest in our activities (as a service area):* Other departments in state government interact with the DPHHS in many ways. This includes collaborative programs within the Department of Labor and Industry, the Department of Administration and the Department of Revenue. DPHHS works with the Department of Labor and Industry in relation to programs such as vocational rehabilitation to benefit of our clients. Partnerships related to revenue collection and computer systems are activities affected by the relationship between DPHHS, the Department of Revenue, and the Department of Administration.

#### *Program Information Technologies (IT):*

Medicaid Management Information System: The Director's Office houses the Medicaid Management Information System (MMIS). The MMIS is a federally required program to collect data related to Medicaid claims and payments and provide accurate reports on the Medicaid services provided in the state. The current MMIS was built in 1997. Since this time, numerous changes have been made to the Medicaid program at both the state and federal level. Other changes to the system have been drive by the addition of new services or changes to existing services.

Many of these changes have required changes in the reporting capabilities and in how the data for the reports are captured and tracked. Each of these has caused programming changes and enhancements be made to the system. Further upcoming federally required changes and enhancements in data tracking and reporting have brought to light the inadequacies of the current system. It is anticipated that the MMIS will require major system enhancements or a complete system re-write within the next four to five years at an estimated cost of \$30,000,000.

Random Moment Time Study: The Random Moment Time Study (RMTS) is used to identify Social Worker and Eligibility Worker's time spent on various activities. Results of this time study are used to determine federal reimbursement rates for various federally funded programs within the Department.

## **Disability Services Division**

The Disability Services Division (DSD) provides community-based training and residential services for persons with developmental disabilities. The division also provides rehabilitation services to eligible Montanans who have a physical or mental disability to help them become employed. The division is responsible for the operation of the Montana Developmental Center and the Disability Determination Services Bureau, where evaluations of disability are provided for the U.S. Social Security Administration. This division also includes Blind and Low Vision Services, which provides services to people who are visually impaired.

The Developmental Disabilities (DD) Program is served by the following bureaus and residential facility:

The DD Community Services Bureau includes the regional offices, which represent the state on the local level and insures appropriate services and placement for persons with developmental disabilities. It provides technical assistance and monitoring of local department contractors of developmental disabilities services.

The DD Program Support Bureau oversees quality assurance, incident management, and rules and policy. This bureau is responsible for coordination of technical assistance and provision of materials and curriculum development in Support of program staff and contracted service providers.

The Montana Developmental Center is a residential facility for persons who are seriously developmentally disabled as defined in 37.34.2302 (12) ARM.

The Vocational Rehabilitation (VR) program has two separate units: Rehabilitation Services and Blind and Low Vision Services. This program is administered by three bureaus:

The VR Field Services Bureau provides services to eligible consumers. It also provides orientation and mobility training, rehabilitation teaching, and other independent living services that assist persons to achieve employment and to function independently.

The VR Disability Determination Services Bureau is responsible for disability evaluations on applications for Social Security Disability and Supplemental Security Income for Montana residents.

The VR Program Support Bureau provides grant and contract negotiating and monitoring, special fund supervision, human resource development, technical assistance, planning and evaluation, rehabilitation technology, and budget and systems oversight. This bureau has general oversight for the Montana Telecommunications Access Program, which serves people who are deaf, hard of hearing, speech impaired or mobility impaired with specialized telecommunications needs.

The Financial Services Bureau is responsible for overall fiscal management of the Disability Services Division.

*Primary Beneficiaries:* DSD's primary beneficiaries are Montanans with disabilities, specifically Vocational Rehabilitation consumers, Developmental Disabilities consumers, and persons who have applied for disability benefits through Social Security (SSI and SSDI).

*Partners and Stakeholders:* DSD's partners and stakeholders include Centers for Independent Living, Developmental Disabilities Providers, Community Rehabilitation Programs, and the consumer councils in the division: Montana Council on Developmental Disabilities (MCDD), Vocational Rehabilitation Council, Statewide Independent Living Council, Governor's Committee on Telecommunications Access Services for Persons with

Disabilities, Developmental Disabilities Quality Council, and Family and Support Services Advisory Council (FSSAC).

Other organizations that have an interest in the Disability Services Division's activities include the Department of Labor, the State Workforce Investment Board, Local Workforce Investment Boards, the Office of Public Instruction, Job Service, and other Department of Public Health and Human Services divisions including the Human and Community Services Division, the Public Health and Safety Division, the Senior and Long Term Care Division, and the Addictive and Mental Disorders Division.

*How the agency interacts with these other agencies, local governments, the public, businesses, and other entities - How the agency promotes customer focus and collaboration with these groups:* DSD interacts with Department of Labor and the Office of Public Instruction by participation on the State Agency Management Team. This group holds monthly meetings and works to ensure cooperation and coordination at the state level pertaining to the Workforce Investment Act and state agency agreements. DSD coordinates on both a state level and at a local level with Workforce Investment Boards. Many DSD staff are on the Local Workforce Investment Boards, and they participate in local policy decisions. DSD coordinates with Job Service offices across the state.

The Vocational Rehabilitation and Developmental Disabilities Programs have program-specific modules of the AWACS system, referred to as AWACS-VR and AWACS-DDP, respectively. The AWACS-VR is being modified to streamline the case management sub-module, with an eventual goal of becoming a paperless system. The AWACS-DDP is being rewritten from a Power Builder platform to an Oracle platform to support business processes for standardized rates reimbursement methodology and person-centered planning.

- Due to time and funding constraints, the rewrite of the AWACS-DDP system in the 2007 biennium will likely only address critical business functionality. Additional business needs will be addressed in subsequent development phases.

## **Health Resources Division**

The role of the Health Resources Division (HRD) of the Montana Department of Public Health and Human Services is to provide health care for low-income and disabled Montanans through Medicaid, the Children's Health Insurance Plan (CHIP), and premium assistance programs for adults.

The division provides administration, policy development, and reimbursement for the primary and acute care portions of the Medicaid program. It also provides children's mental health services and health insurance coverage for children through CHIP and premium assistance for prescription drugs through Big Sky RX program. Medicaid services include:

- Primary Care and Passport to Health managed-care services;
- Inpatient and outpatient hospital services;
- Prescription drug services;
- Children's mental health;
- Transportation;
- Indian Health services;
- Durable medical equipment; and
- Dental services.

**The Acute Services Bureau** manages the Medicaid programs for home infusion therapy, dental services, durable medical equipment, school-based services, eyeglasses, audiology, therapies, prescription drugs, and transportation. It also is responsible for the pharmacy assistance programs. The Pharmacy Assistance programs include: the Big Sky Rx program which pays the monthly premiums of those eligible to enroll in a Medicare Prescription Drug Plan; the Pharmacy Discount program which passes on Medicaid pricing to eligible Montanans; a pharmacist consultation

service to review an eligible Montanan's drug use; and providing additional drug information and education for all Montana citizens.

**The Children's Mental Health Bureau** is responsible for planning, operating, coordinating, and ensuring quality in the state's publicly funded mental health services for children and adolescents.

**The Health Resources Bureau** is responsible for maintaining health care service-delivery systems for the Children's Health Insurance Plan (CHIP). CHIP provides low-cost health insurance coverage for eligible Montanans up to the age of 19.

**The Hospital and Clinical Services Bureau** manages the Medicaid inpatient and outpatient hospital services, Indian health services, end-stage renal disease services, ambulatory surgical centers, freestanding dialysis clinics, federally qualified health centers, rural health clinics, and critical access hospitals.

**The Managed Care Bureau** manages the Medicaid programs for physician-related services, including claims management and resolution, provided by physicians, mid-level practitioners, podiatrists, laboratories, chiropractors, respiratory therapists, and nutritionists. The Montana Medicaid managed-care program is known as PASSPORT to Health. The Nurse First program provides assistance to Medicaid recipients with chronic conditions, such as diabetes, asthma, and heart conditions. Through a telephone hotline, it also helps all Medicaid clients make appropriate decisions about the level of medical care they need in any given situation.

The Health Resources Division has several IT improvement plans to systems currently implemented or underway. These do not fall into the 'Initiative' or 'Activities' categories, therefore, will be included with the Division narrative.

**The Clawback/Medicare Buy-In programs.** The Clawback is part of the federal change that occurred with the Medicare Modernization Act (MMA). The MMA requires the federal government to pay prescription drug costs for people in Medicaid who had previously been covered, in part, by the states. States are required to pay back to the federal government a phased down contribution, sometimes known as a "clawback" of some of the money they are saving. During congressional debate in 2003, governors and advocates for senior citizens supported moving the "dual eligible" beneficiaries from Medicaid to Medicare.

The Medicare Buy-In program allows states to assist low-income Medicare beneficiaries with premium and cost-sharing obligations. There are different buy-in programs depending on income levels.

The division's technical approach – A contractor may be required for implementing and providing services for Clawback information. Currently, Northrop Grumman has performed a BPR initiative for the Medicare Buy-In program. This may require the department to purchase future upgrades in hardware and software enhancements to administer the programs. If servers are required, they will be housed within DPHHS. Web services will be required for program information.

**The 1115 Health Insurance Flexibility and Accountability (HIFA) program** is a proposal that must be approved by the Governor and CMS. This waiver is to provide health care for uninsured Montanans. This waiver proposes to secure funding for the Mental Health Services Plan, the Montana Comprehensive Health Association, and new funding for HB667 that will create a small business health insurance purchasing pools.

The technical approach – A contractor may be required for implementing and providing services. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program. If servers are required, they will be housed within DPHHS. Web services will be required for program information,

**The Filenet services** will be required for the eligibility applications in the CHIP and Big Sky RX programs along with other Medicaid and Division information.

The Technical approach – This may require the department to purchase future upgrades in hardware and software enhancements to administer the program. The division is currently working with the Dept. of Administration to scan, store and provide training on the Filenet system.

**The Family Planning Waiver** is a waiver being sought by DPHHS to allow the provision of contraceptives to Medicaid-enrolled women who are exiting Medicaid and to other Montana female residents with incomes at or below 185% of the federal poverty guidelines. This program will require data systems to determine and store eligibility, to maintain records on a provider network and to pay claims to participating providers.

The technical approach – The required functionality could either be added to existing systems (TEAMS/CHIMES, MMIS) or could be provided through separate databases. Enhancement of existing systems is the preferred route, if feasible. The project is not far enough along to determine which course will be optimal, but is expected to be operational in the FY08/09 biennium. Web services will be required for program information.

**The Passport Program** of Montana Medicaid is required to survey clients and providers periodically.

The technical approach – In FY06, an existing Dept-owned data survey system (The Central Database System or CDS) was enhanced to provider survey capabilities for Passport clients. This system will be enhanced in future to survey providers. It's possible that other programs in DPHHS will want to enhance the survey product to serve their own survey. Web services will be required for program information.

**Children's Mental Health Bureau utilization web-based system.** CMHB utilization review requires First Health, Inc., a contractor for utilization review functions, to establish a web-based process for accepting requests, review and approving/denying requests, and notifying providers of the decision. This requirement was part of the "request for proposal" conducted in February – May 2005. First Health was the successful bidder and awarded a five-year contract subject to annual renewal based upon performance.

The technical approach – First Health is responsible for development and support of the web-based system. Because the contract is limited by RFP to a total of five years, it is possible the Department may need to purchase future use of the web-based system after five years. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program.

Web services will be required for program information. Goals of the web-based process are to:

- a. Reduce errors because of delay in submission of requests;
- b. Reduce appeals resulting from problems with process and time frames;
- c. Faster response to request in "real time";
- d. Ensure adequate information is provided in "real time";
- e. Reduce paper work for providers;
- f. Although web service will be required for all providers, in reality, some providers because of lack of computer and modem capability may still submit requests via fax for consideration and processing.

**CMHB System of Care Federal Evaluation System.** The Federal SOC Grant (six year grant) requires use of a web-based evaluation system designed, maintained, and supported by ORC-MACRO a federal sub-contractor.

The technical approach – The web-based reporting system requires information be submitted by local community project sites directly to ORC-MACRO via the web-based system. Local and Children's Mental Health Bureau staff have direct access to the information for purposes of report generation and data analysis. Use of the web-based evaluation system is required by the federal grant contract with the Department. There are no expected expenses or system support for this system on the part of the State. However, minimal support may be necessary to load software onto state computers to enable access. Although no plans currently exist by CMHB to continue the use of this web-based application beyond the federal grant, continuation of the data collection may become a need that could require state support. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program. Web services will be required for program information.

**CMHB System of Care Management System.** SOC Federal Grant requires an eligibility determination for accessing services under the grant along with sustained evaluation over and above the data collected under the

ORC-MACRO. To this end, evaluation is currently under way to determine if development of a web-based information system for CMHB is appropriate.

The Technical approach – This analysis is being conducted by Bach-Harrison, PC under contract with CMHB/HRD. In addition to providing evaluation of system of care components, gathering, storing, and analyzing data and service information is a task under the contract. Also, the intent is for this web-based application to be developed by the contractor but jointly owned so that either party may continue to use and develop the application beyond the term of the contract, which is 6 years. It may be necessary for the Department to assume support of the web-based application at the end of the 6-year contract. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program.

Web services will be required for program information. Goal of the web-based system is:

- a. To reduce work loads of local project sites;
- b. Provide accurate and “real time” information essential to evaluation of performance of local projects and track client movement;
- c. Minimize risk of lost information and duplication of information;
- d. Preservation of confidentiality for sensitive information through enhanced security not offered by manual paper sharing of information; and
- e. Improve CMHB ability to complete evaluations and analysis of data that assist the Bureau in determining immediate and future system changes.

**CMHB Case Management System.** The Children’s Targeted Case Management Data effort was begun prior to the 2003 Legislature when the AMDD Mental Health Services Bureau had responsibility for children’s services. At that time no data was available relating to those services or the quantity of resources expended by the providers in performing those services, particularly case management. It was intended that the case management data model would eventually be extended to cover all therapeutic services.

The technical approach – The Case Management System became an orphan after the session, since children were no longer the responsibility of MHSB, and since the Children’s Mental Health Bureau showed no interest in the data being collected. Despite it’s orphan status most children’s mental health providers continue to participate by uploading data to the system on a somewhat intermittent basis (not unlike the participation in the Performance System above). This system collects data through a web-based “upload” and “store” procedure almost identical to that of the Performance System. The Case Management System will continue as it has, pending further management directives. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program. Web services will be required for program information.

The Presumptive Eligibility system provides Medicaid information for pregnant women. This system allows the department to provide benefits to pregnant women.

The technical approach – The system would need to be enhanced since it is on an obsolete system (RBASE). The department will need to analyze its current process and develop recommendations for a new process.

**The Big Sky Rx program** is a State of Montana program administered by DPHHS. This helps pay monthly Medicare drug coverage premiums for qualified Montana residents with Medicare. This program was mandated from the last legislative 2005 session (SB324).

The technical approach – Northrop Grumman is the current contractor implementing and providing services for the Big Sky RX program. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program. If future servers are required, they will be housed within DPHHS. Web services will be required for client applications (completed and submitted via the web) and client information.

The risks if the program is not implemented:

- a. Not in compliance with the mandate of the 2005 legislature;
- b. Senior or disabled Montanans unable to pay the Medicare premiums;

- c. Senior or disabled Montanans health could worsen if pharmaceuticals are not provided; and
- a. A financial hardship for the elderly and disabled.

**The Pharmacy Discount program (not yet named)** is a State of Montana program administered by DPHHS. This program was mandated from the last legislative 2005 session (SB324).

The technical approach – A contractor would be required for implementing and providing services for the Pharmacy Discount program. This may affect the Drug Rebate system, change interfaces with MMIS, and impact the Prescription Drug Card System (PDCS). This may require the department to purchase future upgrades in hardware, software enhancements or servers (housed within DPHHS) to administer the program. Web services will be required for pharmacy program information.

The risks if the program is not implemented:

- a. Not in compliance with the mandate of the 2005 legislature;
- b. Montanans at 250% of federal poverty level (FPL) are without drug coverage; and
- c. Continues a financial hardship for those that are at 250% of FPL.

**The Pharmacy Education program (not yet named)** is a State of Montana program administered by DPHHS. This is a web-based application that must provide pharmacy education, pharmacy costs, and other pharmacy related information. This program was mandated from the last legislative 2005 session (SB324).

The technical approach – The Department will be responsible for updating the Web-based program. This program will need to contract with pharmacist around the state to provide educational/consultations services; a system will be needed to track consultations and have defined criteria for paying consultations services. This may require the department to purchase future upgrades in hardware and software enhancements to administer the program. If servers are required, they will be housed within DPHHS. Web services will be required for pharmacy program information.

The risks if the program is not implemented:

- a. Not in compliance with the mandate of the 2005 legislature.

**The CHIP program** may self-administer its program for children's health insurance. (The Administration will make a decision on this prior to October 2006.)

The technical approach – The IT systems that may require modifications are MMIS and the KIDS systems. The agency currently uses the two software applications for management information regarding claims/provider information (Query Path & Discover). If this is approved, an outside contract with a professional service would require the Requested For Proposal (RFP) process. This may require the department to purchase future upgrades in hardware and software to administer the program. If new servers were required, they would be housed within DPHHS. Web services would be needed for CHIP applications, provider and client information along with possible claim or payment information.

The risks if the program is not implemented:

- a. Children will not be enrolled in an insurance program and health claims will not be paid;
- b. Children will remain uninsured;
- c. The department will lose federal funding;
- d. The health of Montana's children would worsen; and
- e. This would create financial hardships to families.



## **Human and Community Services Division**

The Human and Community Services Division provides support for low-income Montanans in securing basic needs such as food, energy, child care and income. In addition, the division assists Montanans in achieving self-sufficiency through employment and training. The division is divided into four bureaus.

The Public Assistance Bureau is responsible for administering Montana's public assistance programs including the Temporary Assistance for Needy Families (TANF) block grant, the food stamp program, and eligibility determination services for Medicaid. The bureau is also responsible for the administration of Montana's welfare reform initiative, Families Achieving Independence in Montana (FAIM).

The Early Childhood Services Bureau consists of the Child Care Unit, the Child and Adult Care Food Program, and the Head Start collaboration grant. The Child Care Unit provides childcare payments for families who are either on welfare or who are low-income and working. Also, quality improvement programs are in place to improve the quality and availability of child care. The child and adult care food program provides food reimbursement and nutrition education for child and adult care providers. Head Start collaboration helps partner Head Start with programs in eight target areas. These include child care, health/mental health, welfare, education, family literacy, children with disabilities, homelessness and volunteerism.

The Intergovernmental Human Services Bureau plans, develops, implements and evaluates a range of services designed to help low-income people obtain the resources and skills to address the causes and conditions of poverty. Using a network of local agencies, the bureau provides weatherization, energy assistance, commodities and emergency services statewide.

The Fiscal Bureau is responsible for the management and coordination of fiscal activities, legislative budget preparation, evaluation and benchmark analysis, and coordination of supplies, leases, and equipment.

*Primary Beneficiaries:* The primary beneficiaries of these services are low-income families and children, the elderly, and the disabled. Services are available to all low-income Montanans who meet the eligibility criteria for each program, including tribal members on all of Montana's seven Indian Reservations. Services are also available to childcare providers.

*Partners and Stakeholders:* Services are provided through a network of offices of public assistance located in each county, employment and training contractors including tribal contractors, child care resource and referral agencies, child care food program contractors, child care providers, the university system, food banks and Human Resource Development Councils. All these agencies and contractors are considered to be partners and stakeholders. Legislators, low-income advocacy groups, faith-based organizations, other state agencies such as the Departments of Labor and Industry, Commerce, Corrections, Office of Public Instruction, and the Office of the Commissioner of Higher Education are also partners and stakeholders. Local governments (county commissions) are also partner and a stakeholder as they are integrally involved with services provided to their communities' poor.

*Other organizations that have an interest in our activities (as a service area):* Specific service providers such as mental health, substance abuse, domestic violence agencies and homeless shelters are interested in welfare reform and the services this Division provides.

*How the agency interacts with other agencies, local governments, the public, businesses, and other entities -* How the agency promotes customer focus and collaboration with these groups: The Division seeks public comment regarding all major policy changes. This is done via letters to interested parties, public input and listening sessions held in larger communities statewide, and information is shared via the department's website. In addition, the Division shares information with a number of legislative interim committees and through advisory councils that are open to the public and accepting of public comment. Through legislation passed in 2001, the department enters into an annual agreement with county commissioners in each county describing services that are offered and other pertinent information on the programs that are operated, including regular budget status reports. Employment and

training contractors and local advisory councils have regular contact and interaction with local businesses and employers. Customer service is a primary focus of all bureaus within this Division. Customer service training is on going, and it is emphasized through performance goals and criteria for employees. Collaboration with various interest groups, low-income advocacy organizations, tribes, service providers, other state agencies, contractors, and local government is essential to the operation of this Division and the successful delivery of the services it provides. Such collaboration, coordination and interaction is a part of everyday business that is conducted by this Division.

The Human and Community Services Division has several IT improvement plans to systems currently implemented or underway. These do not fall into the 'Initiative' or 'Activities' categories, therefore, will be included with the Division narrative.

- Begin implementation of separate program modules for TANF and Food Stamps under a new platform.
- Implement a fully-electronic interface between TEAMS and AR.
- Removal of Medicaid Eligibility and processing from TEAMS as well as removal of Medicaid Recipient Data from TEAMS.
- Implement interface with the Death Registry.
- Change the timing of the SSA Interface.
- Change the Treasury Offset Program (TOP) to a monthly process.
- Implement Doc-Gen on TEAMS.
- Implement field inspection technology for child care licensing program.
- Provide web access to childcare licensing deficiencies and providers' responses.
- Implement the CCUBS web based Child Care Provider Payment Interface.
- Implement a process to manage a monthly rate on CCUBS.
- Implement an electronic time & attendance system on CCUBS.
- Interface CCUBS with NACCRRAware.
- Interface CCUBS with DPHHS Accounts Receivable.
- Refine the CCUBS Discoverer End User Layer.
- Implement a process to view CCUBS notices when generated.
- Modify CCUBS contract generation process to allow for modifications.
- Evaluate sources of death information
- Complete the Child and Adult Care Food Program (CACFP) processing system compliance module.
- Need a delivery system to end users for sharing Medicare Part D information (currently a manual process – cd)
- Need Medicare Part A and B information from a source besides BENDEX (MMIS may add this to the Montana Access to Health Web Portal)
- System to track commodities at a client level
- TANF Reauthorization – federal mandate (June-October deadline); changes to TEAMS
- Housing opportunities for people with AIDS
- Homeless Management Information System (HMIS):  
In June of 2004 a federal supportive housing grant with a one-year term and an amount of \$220,000 was received from the US Department of Housing & Urban Development (HUD) for DPHHS to implement a local Homeless Management Information System (HMIS). The grant was to meet a federal mandate requiring an HMIS system. Recipients of federal McKinney-Vento Homeless Assistance Act funding are required to use the system. This includes the Human Resource Development Councils (HRDCs) that contract with DPHHS for Emergency Shelter funds authorized by the McKinney-Vento Act. The HRDC's direct some of this funding to transitional living or emergency shelter facilities that must also comply. The federal goal is to have all statewide providers of homeless services use the HMIS system for tracking and reporting. In April of 2005 the system design was complete and training and implementation efforts began and are ongoing, and the term of the grant award was extended to April 1, 2006. Notification of additional funding of \$66,880 was recently received and expected to extend the grant for an additional year for training and system maintenance. Continued funding is expected.

## **Technology Services Division**

**Mission:** To provide state-of-the-art support in operational and technological areas critical to the efficient and effective implementation of Department programs.

The Technology Services Division provides operational support services for the agency. Services include planning, preparation and management of the division's budget. The division is also responsible for technology planning, design, development, implementation and operation of information technology systems, and for management and planning of other electronic government applications. In addition, the division services also include telecommunications and network management, security, internal support services such as facility and lease management, mailroom services and management of vital records and statistics. Four bureaus accomplish these functions.

The Network and Communications Bureau provides information technology support (network management services, computer support, communication services) to DPHHS staff and contractors. This bureau manages 100 networks and 3500 computers statewide located in the central office, regional and county offices, and the institutions. Other services provided include management of a computer training center and a video conference center, network security services, researching and evaluating new information technologies for the department.

The Information Systems Bureau provides computer operations, system development, help desk, database and web page support, and information technology management services to the department including, regional and county offices, four institutions and various advisory boards. This bureau also provides coordination and liaison support for information systems operated by fiscal intermediaries. Services provided to all department entities include: system purchase, integration and installation, information system analysis, design, development and implementation, and report generation.

The External System Bureau is responsible for providing state of the art support in technological areas critical to the efficient and effective implementation of department programs. That support includes administration of facilities management contracts with private vendors, and systems security functions for the department. The bureau is also responsible for leading the statutorily mandated information technology planning process. This planning process will insure that the agency deployment of information technology is carefully managed and coordinated throughout the department.

*Partners and Stakeholders:* The Department of Labor and Industry and DPHHS partner to support participants in Montana's welfare reform system by supplying job-related information through DPHHS's Virtual Human Services Pavilion. Contractors maintain the Department's major benefit systems including TEAMS, CAPS, SEARCHS and CCUBS. County clerk and recorder offices, hospitals, and SSA, and NCHS through the Vital Statistics registration systems.

How the agency interacts with other agencies, local governments, the public, businesses, and other entities - How the agency promotes customer focus and collaboration with these groups: TSD interacts with other agencies, local governments, etc by having data on-line, internet access, telecommunications coordination, and video conferencing.

The Technology Services Division has IT improvement plans to enhance and maintain all systems currently implemented or underway. Including, but not limited to:

### **System Access Forms And Request Information (SAFARI)**

The Department of Public Health and Human Services (DPHHS) had a need for a security, tracking, monitoring system to satisfy Federal need of reports. This information is to big a volume to be managed manually and a security access management capability was needed. MAXIMUS developed a system which met these requirements and fulfilled a need for audit information. They provided DPHHS with a working system that allows the agency to submit and track all access requests forms submitted to the agency and run identified reports as needed. This is a three tiered system providing the same functionality to System Security, Network Security and SABHRS.

*The Department's long-term plan was to pursue a phased approach towards the development of an online application for managing information technology access. The following time line was developed and followed and to date Phases I through III have been completed.*

**Phase I** - was the development and implementation of the Security Access Request Form database for capturing and reporting on DPHHS System Access Request Forms.

**Phase II** - was the conversion and entry of existing DPHHS System Access Request Forms into the database developed in Phase I. This phase II was completed by DPHHS staff.

**Phase III** - Is the design and development of the online workflow system for submitting and approving information technology access requests described in this document. This has recently been completed, tested and will be moved to production in February 2006.

The long term goals for the agency are anticipated to be met in Phases IV and V. Those phases specifically call for:

**Phase IV** - Is an analysis effort to determine the feasibility of integrating non-Oracle legacy system security with the Department's User Access Maintenance System (UAMS) which allows the DPHHS Security Officer to grant and revoke access to DPHHS Oracle-based systems.

**Phase V** - Is the design and development of integration modules to non-Oracle systems as deemed feasible by the previous phase.

Memorandum of Understanding for MISTICS (DLI system)

A data sharing agreement has been entered into by the Montana Department of Labor and Industry, Unemployment Insurance Division and Department of Public Health and Human Services. The purpose of this agreement is to allow the Department of Labor and Industry to transfer certain data elements or information to the Department of Public Health and Human Services to use for its official duties in conjunction with human service and child support programs.

A monthly fee was agreed on by the two agencies and is for the period of July 1, 2005 until June 30, 2007.

## **Public Health and Safety Division**

This division has primary responsibility for implementing the core functions of public health (assessment, policy development, assurance). These functions include preventing epidemics and the spread of disease, protecting against environmental hazards, injury prevention, and the promotion of healthy behaviors, responding to disasters and assisting communities in recovery and assuring the quality and accessibility of health services. The division is divided into six bureaus.

The Financial Services and Operations Bureau proposes, constructs and manages the division budget and tracks expenditures as well as finalizes the more than 700 contracts for the division.

The Family and Community Health Bureau, in partnership with local providers, oversee the provision of services to families and communities including infants, children, pregnant women and women of childbearing age. Bureau services include community assessment, referral, case finding, home visiting, public and professional education, family planning services, nutrition education and supplemental food distribution.

The Communicable Disease Control and Prevention Bureau manage communicable disease and epidemiology, immunization, HIV/AIDS/STD, disaster and emergency preparedness and food and consumer safety programs.

The Laboratory Services Bureau provides clinical and environmental public health laboratory services.

The Chronic Disease and Health Promotion Bureau manage comprehensive planning and prevention efforts for cancer control, cardiovascular health, diabetes, obesity prevention/disease management and emergency medical services.

The Public Health System Improvement and Preparedness Bureau works across all division bureaus and in partnership with local health departments and tribal entities to increase state level health status planning; create a formal public health advisory and policy-setting structure; continue evolving preparedness activities and plans; continue training and developing the public health workforce and implement a communications strategy for the public.

In general, the Public Health & Safety Division (PHSD) oversees the coordination of the public health system in Montana. The State's public health system is a complex, multi-faceted enterprise, requiring many independent entities to unite around activities designed to promote the improvement of health status and disease prevention at the community-level. These entities include local City/County Health Departments, private medical providers and hospitals, local Emergency Medical Services, Emergency Management agencies and other units of local government. The public health system is a part of the continuum of care available to the citizens of Montana and the PHSD promotes and supports both the availability and the quality of public health services available to Montanans. These programs range in scope from nutrition support and Health Education (e.g., WIC & Tobacco Use Prevention) to screening services (e.g., Breast & Cervical Cancer screening programs for uninsured women and HIV Counseling & Testing services) to preventive services (e.g., Immunization) and surveillance systems for infectious and chronic diseases, designed to detect and target those health threats that may impact a community. However, virtually all public health programs share the common feature of relying on activities undertaken at the community-level to assure the conditions in which people can be healthy and include organized efforts, developed and implemented with local involvement to prevent, to identify, and to counter threats to the health of the public at large.

Strategic planning for technology use by the programs supported through the Public Health & Safety Division is directed toward implementing technologies to support (1) activities which counter threats to the public's health and (2) support efficient communications and reporting. Over 85% of the PHSD budget is obtained from federal sources, often in the form of grants. Virtually all grants require some form of data collection and reporting to the granting agency to measure the progress made toward attaining specific health outcomes. Reporting is mandated so that the agencies and policy-makers at the federal level, who fund these grants, may make an evaluation of the success of these programs, and the capacity of the PHSD to produce accurate and reliable data for reporting purposes often enables the Division to compete more effectively for grant funds. (3) Support the creation of a functional public health technology environment which recognizes the fundamental independence of local City County government, and tribal public health agencies and works effectively with external stakeholders in the public, private and academic sectors. This is achieved by developing major program areas for the Division's technology activities and leveraging common application architectures and the re-use of shared components. These will often cut across organizational lines. The major areas relevant to information systems are:

- (1) **Public Health Preparedness**
- (2) **Disease Surveillance (Communicable & Chronic) and Health Status Monitoring/Maternal/Child Health**
- (3) **Public Health Systems Improvement/Infrastructure**

#### **Public Health Program Areas:**

##### **(1) Public Health Preparedness**

A significant number of the Division's major projects are conceived around issues and business process requirements associated with Public Health Preparedness and Response. Since the events of September 11<sup>th</sup>, 2001 and the following Anthrax attacks during October of the same year, public health agencies have taken an increasingly active role in response to disasters and emergencies. The Preparedness and response needs of public health and primary care systems will be met by applications either directly provided by the federal Centers for Disease Control & Prevention or applications developed according to the functional standards associated with the Public Health Information Network (PHIN) program.

PHIN includes a portfolio of software solutions and functional / performance standards necessary to build and maintain interconnected information systems throughout the public health enterprise at the local, state and federal levels. PHIN advances the National Health Information Infrastructure and federal E-Gov agendas under the Federal Health Architecture (FHA). PHIN functional standards also support the Consolidated Health Informatics (CHI) standards for reducing the burden of private sector reporting through the automated use of electronic clinical data for public

health purposes as an alternative to manual reporting. It is consistent with other private sector initiatives such as “Connecting for Health” and e-Health as well as the industry standards for clinical data messaging such as HL7. PHIN also aligns with the federal e-Gov technical architecture standards such as ebXML and public key infrastructure (PKI).

Systems Required for Public Health Preparedness under PHIN:

**Title: Outbreak Management System (OMS):**

**Description:** The Outbreak Management System (OMS) is the PHIN functional area intended to support the needs of investigation, monitoring, management, analysis, and reporting of a health event or act of bioterrorism. OMS should aid in the collection and analysis of data to support identifying and containing the health event. The OM system will be configurable to meet the needs of different types of health events, and capture data related to cases, contacts, investigations, exposures, relationships, clinical and environmental specimens/samples, laboratory results, vaccinations and treatments, travel history, and conveyance information. The application will also allow for new objects to be defined and created during the course of an investigation. Central to the functionality of a system supporting OM is the ability to collect data related to cases and exposures and to create traceable links between all appropriate entities. By tracing the mechanism of transmission and identifying the source of the health event, the appropriate response staff can more effectively contain the event. Systems supporting OM should also be integrated with the systems supporting early event detection, countermeasure administration, laboratory, and surveillance to achieve the primary goal of managing the response to and mitigating the effects of an event.

**Type:** New Application or System. The OMS (version 1.1) is currently available from CDC and will be installed at the State level and deployed over the course of the next biennium.

**Title: Syndromic Surveillance (SS) and Early Event Detection (EED) Systems:**

**Description:** Syndromic Surveillance or Early Event Detection is a web-based reporting system available to DPHHS, the staff of local and tribal health agencies and private-sector healthcare providers for the detection of aberrant health events including the analysis and visualization of school absenteeism and hospital admissions data. Initial detection is complemented by the automated electronic reporting of health related and environmental data from substantiated sources to detect aberrations in normal trends.

Health events may be naturally occurring (e.g., SARS, influenza), accidents (e.g., chemical spills), or intentional acts (e.g., bioterrorism). After a health event is detected, systems supporting SS must provide the ability to localize the population and geographic areas affected, identify other potential cases, and support quick and appropriate response to reduce morbidity and mortality in the population. Public health emergencies may involve multiple jurisdictions and agencies; therefore, systems supporting SS must provide the ability to exchange data and support collaboration among jurisdictions and across all levels and support the following three major functions: (1) *Data Analysis*: Established algorithms are applied to aggregated data from data sources to detect deviations from normal patterns. (2) *Data Visualization and Analytical Reporting*: Analytical results should be supported by visual representation (e.g., GIS, maps, graphs, charts), and by pre-defined and ad-hoc reporting at aggregate and detailed levels. And (3) *Partner Communications and Alerting*: Systems supporting EED should have the ability to notify partners of a possible or confirmed public health emergency, whether it is a notifiable disease or other public health emergency.

**Type:** Enhancement to an Existing Application or System. The current system is deployed and available to private hospitals and County & Tribal Health Agencies.

**Title: Countermeasure/Response Administration (CRA) Application and WIZRD:**

**Description:** Countermeasures include vaccination and other types of drug prophylaxis. The recipients of the countermeasures may include potential responders from the public and the private sector, identified exposed individuals, and the general public. CRA applications must meet the following three requirements

(1) *Countermeasures*: Countermeasures include pharmaceuticals such as vaccines, antibiotics, anti-virals, and other drugs, as well as medical supplies such as respirators and IV sets. Countermeasures also include actions such as follow up activities and isolation and quarantine monitoring. (2) *Allocation and Tracking*: Countermeasures in limited supply must be allocated to prioritize coverage of at-risk populations. The ordering, distribution and usage of limited supply countermeasures may require tracking at multiple levels of public health and coordination between multiple levels of public health. (3) *Patients*: The primary purpose of systems supporting CRA is to track the patients who received countermeasures and information about the countermeasures they received during CRA campaigns. The information collected might be used to conduct statistical analysis of the progress and efficacy of a campaign, identify patients who should be contacted because they have received a countermeasure of questionable safety or efficacy, or build response teams of protected individuals.

The Web-based Immunization Registry Database (WIZRD) is a current PHSD application currently being upgraded to manage vaccine delivery in mass vaccination situation (e.g. pandemic influenza).

**Type:** Enhancement to an Existing Application or System: WIZRD is currently deployed to all health departments Statewide and is also in use in the private sector. The next phase of the project includes the capacity to record vaccination events in a disconnected state using laptops and tablet PCs.

New Application or System: Modules for managing the administration of antibiotics, anti-virals, and other drugs, as well as data analysis, reporting and data exchange functionality will follow deployment of current modules which are under development or being deployed.

**Business Requirements & Scope for OMS, SS, EED and CRA**: The target users and the scope of the Outbreak Management System, Syndromic Surveillance, Early Event Detection and Countermeasure/Response Administration Systems are very similar and are designed to be deployed in coordination with the PHIN initiative.

Entities with a Business Relationship to the Project:

1. County and Tribal Health Departments
2. State response agencies – DPHHS, DES, and EMS
3. CDC, IHS and other Federal response agencies & private healthcare facilities

Entities with a Data Exchange Relationship to the Project:

1. Private healthcare facilities (e.g. Hospitals)
2. State response agencies – DPHHS, DES, and EMS
3. CDC, IHS and other Federal response agencies

Most Critical Business Functions Served by the Project:

1. Detection of communicable disease outbreaks
2. Support for outbreak management, which is an element of the business operations of Local County and Tribal governments on a statewide basis.
3. Support for Public Health Area command at the State level, including data analysis and visualization as elements of response and recovery efforts.

**Title: Montana Health Information and Resource Management System (HIRMS)**

**Description:** The more information an agency has, the better prepared it is to handle any situation quickly and safely. HIRMS represents a secure, web-based software solution enabling improved decision-making through timely delivery of reliable information on the location and availability of health resources to the right people in real time. Not simply for emergency services, HIRMS is a tool which will be utilized by hospitals, public health and government for both day-to-day business and for disaster operations. HIRMS will enable the State and its partners to catalog what health resources it has (i.e. hospital beds, decontamination trailers, ambulances) and where they are. Lastly, database and GIS functionalities will enable managing and tracking these resources in disaster response and recovery.

**Type: Replacement of Existing Application or System:** This will replace an outdated Advanced Revelation product with has been used to manage EMS&TS office functions and EMS Service licensing.

**Enhancement to an Existing Application or System:** Some modules of this system are being tested and deployed. Enhancements are anticipated. For example, the current phase of the project will enable EMS services to document patient care information on a PC. In this next phase, information will also be collected remotely on tablets and pocket PCs.

**New Application or System:** Modules for resource tracking, GIS mapping and incident management will follow deployment of current modules which are under development or being deployed.

### ***Business Requirement & Scope***

#### **Entities with a Business Relationship to the Project:**

1. Local EMS and other response agencies, healthcare facilities and governments
2. State response agencies – DPHHS, DES
3. National/Federal disaster response – advanced registry and EMAC

#### **Entities with a Data Exchange Relationship to the Project:**

1. National/Federal disaster response – advanced registry and EMAC
2. State response agencies – (e.g. DES)

#### **Most Critical Business Functions Served by the Project:**

1. Disaster response and recovery
2. Routine crisis management and business operations – local and statewide
3. EMSTS regulatory and system development activities

## **(2) Disease Surveillance (Communicable & Chronic) and Health Status Monitoring**

### ***Title: Environmental Public Health Tracking (EPHT)***

***Description:*** EPHT is the ongoing collection, integration, analysis, interpretation, and dissemination of data on environmental hazards, exposures to those hazards, and health effects that may be related to the exposures. The goal of EPHT is to provide information that can be used to plan, apply, and evaluate actions to prevent and control environmentally related diseases. The major methods employed by EPHT are biomonitoring, is the direct measurement of people’s exposure to environmental contaminants by measuring substances or their metabolites in blood, urine, or other specimens. These efforts are followed up with possible treatment for the affected individuals (e.g. lead exposure) or affected communities (e.g. asbestos). The EPHT program represents a number of projects, from blood lead screening and other systems to the presentation of aggregate environmental and public health data to both the public and health professionals and the County and Tribal levels via the Department’s web pages. Efforts over the next biennium call for expanding (1) data collection efforts to support the improved evaluation of individuals for chronic risks and exposures at the level of the local health agency and private clinician; (2) the integration of risk and exposure data from a number of health and external environmental agencies, including data on environmental risks from the Department of Environmental Quality; and (3) the presentation of de-identified aggregate information at the jurisdictional level (e.g. County or Counties) through the Department’s web pages.

**Type: Enhancement to an Existing Application or System:** Some applications in this system already exist and have been deployed (e.g. BLEDS and the birth defects registry). Enhancements to the “feeder” systems currently in use are anticipated.



**New Application or System:** Modules and applications for health tracking, mapping and incident management will follow deployment of current modules which are under development or being deployed.

***Business Requirement & Initiative Scope***

***Entities with a Business Relationship to the Project:***

1. County and Tribal Health Departments, private clinicians and external Department Public Health contactors;
2. CDC EPHT program, IHS and other Federal agencies;
3. Department of Environmental Quality and NRIS

***Entities with a Data Exchange Relationship to the Project:***

1. County and Tribal Health Departments
2. State agencies (e.g. DEQ)
3. CDC EPHT program

***Most Critical Business Functions Served by the Project:***

1. Detection of increased incidence/occurrence of environmentally-linked illnesses
2. Support for exposure management, which is an element of the business operations of local County and Tribal health agencies.
3. Support for Public Health Systems integration at the State level, including data analysis and visualization as aspects of public accountability and reporting.

***Title: National Electronic Disease Surveillance System (NEDSS) and the NEDSS Base System (NBS).***

***Description:*** The National Electronic Disease Surveillance System initiative is designed to (1) detect outbreaks rapidly and to monitor the health of the state relative to communicable disease; (2) Facilitate the electronic transfer of appropriate information from clinical information systems in the private health care system to public health departments at the State and local level; (3) Reduce the clinician's reporting burden by automating the provision of information to State and local health agencies and (4) Enhance both the timeliness and quality of information provided.

**Surveillance Systems** collect and monitor data for disease trends and/or outbreaks so that public health personnel can protect the nation's health. The vision of NEDSS is to have integrated surveillance systems that can transfer appropriate public health, laboratory, and clinical data efficiently and securely over the Internet. NEDSS will revolutionize public health by gathering and analyzing information quickly and accurately. This will help to improve the nation's ability to identify and track emerging infectious diseases and potential bioterrorist attacks as well as to identify and investigate routine outbreaks and monitor trends in the occurrence of communicable disease.

As a primary goal, the first release of the NEDSS Base System will serve to support the electronic processes involved in notifiable disease surveillance and analysis, replacing the functionality currently supported by the National Electronic Telecommunications System for Surveillance (NETSS). The NEDSS Base System is not intended to represent the complete NEDSS solution, but will provide the foundation upon which state and program area needs, data collection, and processing can be built. This foundation will include, for example, the development of modules (e.g. core demographic module, nationally notifiable disease module) that can be used for data entry and management of core demographic and notifiable disease data.

The NEDSS Base System, and the modules that interact with it, is intended for use by state health departments for the purposes of communicable disease surveillance. Future modules for the Base System and additional Base System functionality may support content and functionality needed from other programs (e.g. Chronic, Environmental Public Health Tracking, etc.). Users may include epidemiologists, laboratorians, data managers, and data entry staff from various health program areas.

***Type: New Application or System:*** CDC will provide the NEDSS Base System (NBS) to the Division as a hosted service for the first year. This offer is being extended to States with a lower population such as Montana and Wyoming, so CDC may more rapidly and cost-effectively deploy

the NBS. Replacement of Existing Application or System: The NBS will replace the DOS-based National Electronic Telecommunications System for Surveillance (NETSS) currently in use by the Public Health Laboratory Bureau with an Internet-based system for disease reporting and tracking that has been built on the CDC PHIN functional and data models.

***Business Requirement & Scope***

*Entities with a Business Relationship to the Project:*

1. County and Tribal Health Departments, private clinicians and select Montana hospital laboratories;
2. CDC Epidemiology & Laboratory Capacity Program;
3. Federal Indian Health Service (IHS)

*Entities with a Data Exchange Relationship to the Project:*

1. County and Tribal Health Departments
2. State agencies (e.g. DPHHS-Public Health Laboratory Bureau)
3. CDC NEDSS program

*Most Critical Business Functions Served by the Project:*

1. Detection of increased incidence/occurrence of communicable diseases
2. Support for outbreak management. Detection and control of communicable disease outbreaks is a business requirement for the operations of Local County and Tribal governments statewide.
3. Support for communicable disease reporting between the State and Federal levels, including required reporting activities for nationally notifiable diseases is an operational requirement of the State Public Health Laboratory and Communicable Disease Control & Prevention Bureau.

***Title: Data Linking of Health and Traffic Records Databases***

***Description:*** For several months, members of several departments (DOT, DOJ, OPI, and DPHHS) have been meeting to develop a Traffic Records Strategic plan. This plan encompasses several strategies to enable these agencies to utilize information from several databases for injury prevention, traffic safety and public policy purposes. This committee has recently adopted a final version of this plan and it will be used towards application for federal Highway Traffic Safety funding (due June 2006) to implement its goals. These goals include support for implementation of a data linking initiative. The first year, if funded, will enable DPHHS to implement linking of EMS patient care records, trauma register data, traffic crash information and Medicaid cost data. Subsequent years in enhance inquiry of this data and incorporate records for other databases such as DUI convictions, other driver history and driver education.

***Type: New Application or System*** – While a demonstration of probabilistic linking of these databases was accomplished several years ago, this initiative would institutionalize and sustain this process with the DPHHS and the other departments noted above.

***Estimated Schedule:***

Start (Month/Year): The grant for this entire Traffic Records Initiative is due June 15, 2006 with funding to be approved soon after. Depending upon funding, this project would begin late summer/fall 2007 and continue through 2007 / 2008. Continued grant funding may sustain it for a minimum of 5 years.

End (Month/Year): N/A

Will this initiative be ongoing from the start date? Yes

***Business Requirement & Scope***

*Entities with a Business Relationship to the Project:*

1. Departments of DPHHS, DOJ, DOT, OPI

Entities with a Data Exchange Relationship to the Project:

1. We anticipate that this project will attract interest from numerous public and private partners who will want to query the data for various public policy and research purposes.

Most Critical Business Functions Served by the Project:

1. Develop and implement public policy which affects the health of Montanans.

**(3) Maternal/Child Health (MCH) Data Systems*****Title: Family and Community Health Bureau Application Sets (Public Health Data System; Child, Adolescent and Community Health; Early Childhood Comprehensive System)***

**Description:** The Maternal & Child Health application set is principally managed by the Family & Community Health Bureau and covers basic data collection and reporting for a number of early detection and intervention efforts to support (1) Local MCH Service Contracts; (2) Newborn Metabolic Screening; (3) Newborn Hearing Screening; (4) Home Visiting Program Support and; (5) MCH Performance Measurement for the Maternal & Child Health Block Grant. The overall goal of Maternal & Child Health Data Monitoring is to enhance the automation of public health client and service data collection and reporting for the programs of the Family & Community Health Bureau. The primary platform which has supported these efforts is Public Health Data System (PHDS), which provides a core Oracle-based, data structure for the collection of maternal and child information and has the capacity to support a variety of public health programs at the State and local County/Tribal levels, such as the statewide Immunization Registry. Automated data collection and reporting by local public health department MCHBG grantees will save local staff time in collecting and reporting MCH client characteristics and service data and will enable the PHSD to provide more complete and more accurate data to the federal granting agency for reporting purposes.

The Child, Adolescent & Community Health application set includes (1) Fetal, Infant and Child Mortality Review and; (2) the Early Childhood Comprehensive System, which supports various forms of screening and targeted case management functions for at risk children.

**Type: Enhancement to an Existing Application or System:** The applications in this set have the same general scope, meet similar business requirements, and support the same State-level objectives for the best use of information technology. However, each of the systems described above serves some unique aspect of Family & Community health practice and public health business operations in terms of a specific set of stakeholders and agencies at the local level or a federally defined, and therefore limited, target population.

***Business Requirement & Scope***Entities with a Business Relationship to the Project:

1. Local County Health Departments and Community Health Centers.
2. Family Practice providers and Medical Specialists
3. School Health Staff

Entities with a Data Exchange Relationship to the Project:

1. Local County Health Departments
2. Department-level programs (e.g. Public Health Laboratory Bureau and Vital Statistics Bureau.)

Most Critical Business Functions Served by the Project:

1. Measure, quantify and develop data-drive improvements to the newborn screening process (e.g. increase the proportion of newborns that have been screened for hearing impairment before hospital discharge).
2. Assess the quality of and access to maternal and child healthcare services delivered within the State, including the establishment of benchmarks for the quality of care delivered to specific target populations (e.g. Report the percent of children through age 2 who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Hemophilus Influenza, Hepatitis B).

3. Support Public Health Systems integration at the local level, including data analysis and presentation to promote accountability and uniformity in reporting to federal funding agencies and state-level policy makers.

#### **(4) Public Health Systems Improvement / Public Health Infrastructure**

***Title: Montana Training & Communications Center (Montana TCC)***

***<<https://www.montanapublichealthtcc.org>>***

***Description:*** The Montana TCC provides a Learning Management System that meets the training needs of the independent, external public health workforce at the local County and Tribal levels and is also extensible into the private health sector (e.g. hospitals, physicians, etc.) to promote public health preparedness-centric training. The CDC Public Health Emergency Preparedness requires that each State implement a Learning Management System (LMS) to track a public health staff training curriculum at both the local and State levels. The LMS must promote certification and measurement of competency development by staff within public health agencies. Emergency response training and public health education are critical to developing and maintaining a competent public health workforce across the state. The LMS will also allow the DPHHS to expand emergency communication capabilities, which is critical in public health response to disasters and disease outbreaks.

The Montana Training & Communications Center will also support aspects of the Montana Health Alert Network (HAN) system. Montana HAN consists of a group of digital technologies that support rapid communications in times of health crises to hospitals, public health agencies and physicians statewide. The LMS will provide another tool capable of disseminating information through a secure (i.e., SSL) password accessible system. By implementing a virtual “Health Alert workspace” using functionality already available within the LMS, a very generic HAN message may be sent directing users to a secure portion of the LMS system, where more detailed information may be securely provided. The “multiple-use” aspect of the system is an important success factor, as the same public health/provider user base, which needs to be educated relative to bioterrorism/preparedness issues, will also then be very familiar with the system and able to use it more effectively for communications during an actual public health event.

From a functional perspective the Montana TCC also includes the LMS functionality below:

- course management tools, curriculum management tools, content development tools;
- course evaluation and assessment tools (pre-test/post-test), survey tools;
- competency management tools;
- student registration, transcripts, CEUs/credits;
- reporting and tracking per student/per class/per competency;
- user profiles, credentials (nurses, physicians, EMT, first responder, etc.), and certifications;
- collaboration tools (bulletin boards, discussion boards, communication tools, team rooms and iLinc);
- mailing lists;
- user authentication;
- calendars with Outlook integration; and
- Integration into emergency operations/communications and Health Alert Network.

***Business Requirements & Initiative Scope:***

***Entities with a Business Relationship to the Project:***

1. County and Tribal Health Departments
2. State response agencies – DPHHS, DES, and EMS
3. CDC, IHS and other Federal response agencies & private healthcare facilities

Entities with a Data Exchange Relationship to the Project:

1. federal Centers for Disease Control and Prevention

Most Critical Business Functions Served by the Project:

1. Support for public health workforce training, including the creation of courses and curricula promoting long-term staff development.
2. Implementation of assessment capabilities to accurately measure competency development in public health staff.
3. Support for Public Health Area command at the State level, including HAN messages and communications and/or coordination efforts.

**Title: Food & Consumer Safety Web-based Inspection Application.**

**Description:** The Food & Consumer Safety Section has selected Garrison Enterprises

<<http://www.garrisonenterprises.com/>> in an through an open RFP process to provide and maintain a web-based platform from which the State and associated counties will execute and manage the activities integral to the programs for Food Establishments, Public Accommodations, Swimming Pools, and Tattoo & Body Piercing Establishments. The selected web-based platform will house the database of licensed establishments, the inspection forms, and Montana statute and rule. Users, based in local County Health Departments or local/tribal Environmental Health Departments, will be able to download data for scheduled inspections onto a portable PC. The local environmental health professionals will then be able to enter inspection data into the portable PC on site, and upload that data into the central database after reconnecting to the website. Garrison Enterprises will customize the system to automatically reference Montana statute and rule for compliance criteria and allow each local health department access to its local data. The Department (DPHHS) will have access to all data. The system must provide the Department the capability to query and develop reports for the entire state and provide local end-users the capability to electronically submit inspection data for each health department through the application. This will eliminate the need for submission of inspection reports by local jurisdictions and will alleviate confusion and conflict over inspection performance.

The selected system also provides mapping functionality; such the Department will be able to map food distribution facilities and water supplies against potential hazards, such as fertilizer plants, pesticide storage sites, underground storage tanks, and refineries. The Department will access stored information from the Department of Environmental Quality's and the Department of Public Health and Human Services' records to support standards-based geo-coding.

**Business Requirements & Initiative Scope:**Entities with a Business Relationship to the Project:

1. County and Tribal Environmental Health Agencies and local Health Departments
2. State agencies – DPHHS, DES, and Department of Agriculture

Entities with a Data Exchange Relationship to the Project:

1. DEQ
2. Department of Agriculture

Most Critical Business Functions Served by the Project:

1. Supporting local environmental health agencies work process and rates of reimbursement through effective technology use.
2. Increasing the speed, consistency and efficiency of the inspection process for Food Establishments, Public Accommodations, Swimming Pools, and Tattoo & Body Piercing Establishments.
3. Support for Public Health Preparedness and Emergency planning efforts at the State level in coordination with other agencies.

## **Quality Assurance Division**

The role of the Quality Assurance Division (QAD) of the Montana Department of Public Health and Human Services is to protect the safety and well-being of Montanans by monitoring and ensuring the integrity and cost-effectiveness of programs administered by the department.

The division fulfills this role by:

- Licensing and/or certifying health care, child care, and residential services;
- Detecting and investigating abuse and fraud committed by recipients of Temporary Assistance to Needy Families (TANF), Medicaid and Food Stamp programs;
- Monitoring recipient overpayment claims for TANF, Medicaid and Food Stamps;
- Performing federally mandated quality-control reviews of the Medicaid and Food Stamp programs;
- Reducing Medicaid costs by identifying other insurers or parties responsible for paying a beneficiary's medical expenses;
- Providing internal and independent audits for DPHHS programs;
- Conducting retrospective reviews of Medicaid provider claims;
- Determining medical necessity for prior authorization of medical services and requests for durable medical equipment;
- Providing independent fair hearings for clients and providers participating in DPHHS programs;
- Monitoring and evaluating Health Maintenance Organizations for quality assurance and network adequacy;
- Maintaining a certified nurse aide registry;
- Approving and monitoring nurse aide training programs;
- Operating the Certificate of Need program; and
- Ensuring department compliance with the federal Health Information Portability and Accountability Act (HIPAA).

The division has field offices in Anaconda, Billings, Bozeman, Great Falls, Havre, Hinsdale, Kalispell, Livingston, Miles City, and Missoula.

The Quality Assurance Division has several IT improvement plans to systems currently implemented or underway. These do not fall into the 'Initiative' or 'Activities' categories, therefore, will be included with the Division narrative.

- Change the Treasury Offset Program (TOP) to a monthly process.
- Improve the existing Buy-In process.
- Implement field inspection technology for child care licensing program.
- Provide web access to childcare licensing deficiencies and providers' responses.
- Implement the CCUBS web based Child Care Provider Payment Interface.
- Implement an electronic time & attendance system on CCUBS.
- Refine the CCUBS Discoverer End User Layer.
- Implement a process to view CCUBS notices when generated.

The Quality Assurance Division has several “homegrown” access databases or manual processes that currently assist them in performing their business. These databases may be considered deficiencies and/or have the potential for improving the processes by conducting a BPR. These are identified as follows:

- TORT Tracker – used for casualty recovery (Medicaid pays bills for an accident and recoups this money if determined feasible).
  - \$600,000 is recovered per year on average
  - This is a federally mandated process
- Estate Recovery Program – recovering money from people’s estates who have died
  - This is a completely manual process and does not get the response or information it needs to recoup potential funds. If this process could be improved, several million dollars could be recouped.
  - This is a federally mandated process
  - This is a candidate for a BPR
- Probate Process – once a month, a worker goes to the State Court Administrator’s office to pull files (probate documents) for everyone they know has died in that month so they know where to file a lien.
  - This is a very manual process and only some counties participate (file their probate documents).
  - This is a candidate for a BPR
- TRACS (Third Party Liability – ACS)
  - Does carrier billing – Medicaid paid for a claim and is later discovered someone else should have.
  - checks come in to either a QAD worker, a fiscal worker or ACS (whomever the check gets sent to)
    - Reconciliation of these checks is very difficult
    - Needs consistency
  - When 30 million dollars is billed, only 1.3 million has been recovered.
- Prior Authorization database – Tracks approvals/denials of prior authorization of durable and surgical medical services
  - Tracks cost avoidance
  - a paper process initiates the approval/denial to be entered into MMIS – if it is not in MMIS, the service does not get paid.
  - saves .5 million per year, as the process exists

### **Senior and Long Term Care Division**

The Senior and Long Term Care Division plans and coordinates the delivery of publicly funded long term care and support services to elderly Montanans and Montanans with physical and other disabilities. The division is served by five bureaus, and two nursing facilities for veterans.

The Aging Services Bureau develops the state plan on aging and approves and monitors service delivery programs set up by 10 area agencies on aging. These services include senior centers, congregate and home delivered meals, health, transportation, homemaker, and information and referral services. This office includes the state long term care ombudsman, elderly legal assistance, and health insurance and pension counseling.

The Community Services Bureau manages in-home services (including personal care, home health, home dialysis, hospice, and the home and community based services waiver program) for elderly and disabled persons that are eligible for Medicaid.

The Nursing Facilities Services Bureau provides payment for nursing facility services for Medicaid eligible persons.

The Centralized Services Bureau prepares budget plans and monitors expenditures and contracts for the division.

The Nursing Facilities for Veterans are located in Columbia Falls and Glendive, Montana.

The Adult Protective Services Bureau provides vulnerable senior citizens and people with disabilities with protection from abuse, neglect and exploitation.

*Primary Beneficiaries:* The primary beneficiaries of SLTC services are the elderly and disabled population of Montana that need long term medical care, protective services, or pertinent and accurate information regarding aging issues such as financial planning, nutrition, abuse, state or federally funded medical services available to this population, and estate planning. The elderly also receive services through the ten Area Agencies on Aging located throughout the state that contract with the SLTC Division to administer over \$6 million in Federally funded Aging programs. Finally, Veterans needing long term care or domiciliary facilities receive services through the Montana Veterans' Home in Columbia Falls or the Eastern Montana Veterans' Home in Glendive.

*Partners and Stakeholders:* Partners and Stakeholders include Montana's 98 nursing homes, 190 personal care facilities, 105 adult foster homes, Medicaid providers for community based Medicaid long term care services, Veterans' organizations, Area Agencies on Aging, and the various agencies and organizations that make up the adult protective services network.

*Other organizations that have an interest in our activities (as a service area):* The SLTC Division has over 40 staff that work out of field offices in 24 locations around the state that coordinate with local governments, social organizations, law enforcement and health providers at a community level.

How the agency interacts with other agencies, local governments, the public, businesses, and other entities - How the agency promotes customer focus and collaboration with these groups: The SLTC staff have established formal work and advisory groups with representatives from health care providers, social workers, law enforcement, and the medical community to assess medical, social and other needs and provide for placement or provision of services for the elderly and disabled citizens of this state.

The Senior and Long Term Care Division plans to develop a Web application that would facilitate aged and disabled individuals in applying for a number of different publicly funded long term care (such as aging services, Medicaid, Food Stamps and LIEAP). At this time, this project does not fall into the 'Initiative' or 'Activities' categories, therefore, will be included with the Division narrative.

- SLTC envisions creating an application that would allow potential applicants to set up and maintain a private disk storage area on a web server to which they would enter personal information, demographics, possibly income and resource information. The application would display a list of assistance programs such as Medicaid, LIEAP, etc, and by choosing one or more options, the application would then populate the appropriate stored information to the official application form, which could then be printed out, signed and taken to the eligibility office to follow through on the application process.
- Operation Protect Montana system (OPM) is used by the Senior Long Term Care Division, Adult Protective Services, to record referrals of alleged maltreatment against elderly and disabled adults. The OPM system allows workers to document



investigative results, and ongoing case management information. OPM has the capability of assessing the risk to clients, and allows APS workers to manage and determine where to use resources effectively. Reports from OPM are in the development stage and are near completion.

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## 3.2 IT Service Deficiencies

1. The Department is working on a comprehensive IT Disaster Plan that includes all systems. Although we have disaster plans for some major critical systems, a comprehensive plan is a high priority for the department.
2. WIC System
  - The WIC MIS system built in 1994 by Andersen Consulting was operating from an XDB database running in a DOS environment with the majority of programs running in Microfocus COBOL until May of 2005. A 2004 analysis of the back end database revealed limited or no system documentation and a significant size database running on obsolete hardware and software that was no longer vendor supported. The analysis rated the WIC database condition as being in an emergency replacement status due to the high risk of system crash and major hardware/software meltdown that could only be fixed or patched with used parts and components. IT support staff relied on undocumented experience and knowledge for running, fixing and trouble shooting any problems. DPHHS requested a Gap Analysis to be conducted to find a solution to immediately address the system deficiency. In June 2004, DPHHS received a statement of work from Northrop Grumman to convert the WIC database to Oracle 9i as an effort to improve stability and longevity of the system as a short term fix until DPHHS was in a better position to: 1) Build a new system; or, 2) Transfer an existing system from another state. Work began and conversion of the WIC central database to Oracle 9i, running in Windows 2000 was completed and implemented May 2005. While the converted version of the WIC system is now running in a more stable environment, components that could not be converted because of the high cost and unjustifiable resource hours for conversion; such as Vendor Management and most of the state reports, remain unusable or problematic today. DPHHS continues to diligently seek a WIC system solution that will meet state and department IT standards and that meets with WIC program needs. As a result of a recent WIC BPR conducted in August 2005, DPHHS managers believe the next step now should be to ask for a federal grant to migrate the Maryland WIC system over to Montana. WIC program and IT staff reviewed a demo of the Maryland WIC system in December 2005 and determined that the system will meet 90 percent or more of Montana WIC program requirements and needs without significant changes. DPHHS managers are currently working toward this solution and plan to begin work in 2006.
3. Montana State Hospital – TIER System (records management)
 

The mental/medical health institutions identified a need for an electronic medical records (EMR) system. There remains a need to assess the current EMR system to see if it could be modified to better meet the needs of these organizations and, if not, whether the purchase and implementation of a new EMR system is founded.
4. CAPS
  - The Child and Family Services Division identified a deficiency in that in-home services data for foster care is not currently being captured. It is unknown at this time how to

capture this data, however an interface with CAPS into an access database may be an option. There is currently no way to measure in-home services.

- CPS Daycare (a IV-E fundable service) is paid out of CCUBS, or even more importantly, out of both CAPS and CCUBS. When CCUBS pays, since they have no way of knowing IV-E eligibility, federal money is not being maximized. This results in \$150,000 loss every six months for the Child and Family Services Division.
  - CAPS is not designed to capture candidates for foster care, thus IV-E administrative funds are being lost.

#### 5. Accessing Death Information

Currently the department has several manual options for finding out when clients have died. There is a huge need for an automated way of combining all sources of death verification. An interface with the death registry and eligibility systems is necessary.

Problems this causes (but not limited to):

- Often times it is unknown how to recoup funds from estate recoveries, burial accounts etc.
- Medicaid claims and PASSPORT fees are continuing to be paid after a client has died.
- Buy-in is continuing to be paid after a client has died
- TANF remains open on dead clients

#### 6. Commodity Allocation Tracking System (CATS):

The Food Distribution Program is supported by the United States Department of Agriculture, (USDA), and most of the software used by that program is provided through USDA. The software is specific to programs such as food distribution and inventory of resources. There is one program, however, that was developed by Advance Business Computing in 1991, which is called the CATS – Commodity Allocation Tracking System program. It was written in Foxbase 2.10 language, which is DOS-based and the original disk was a 1.2 mb floppy, which is now completely obsolete! This program is used to track incoming and outgoing commodities and is essential to the Food Distribution Program.

While this program has functioned over ten years without mishap, computer architecture has continued to move away from DOS-based programs towards Windows. It is unknown what the life cycle of this program can be stretched to before it fails.

#### 7. Central Database System (CDS) and Homeless Management System (HMIS):

These two systems are currently in ORACE 6i, which is now obsolete and unsupported by ORACLE. It is necessary to consider upgrading to a web-based platform or ORACLE 10G (or prevailing State standard).

### **Business Process Reengineering Project**

The Department of Public Health & Human Services, lead by Technology Services Division (formerly Operations and Technology Division), has set in motion an agency-wide Business Process Reengineering Project. The goals of this project are to identify, document and reengineer Agency mission critical service delivery and administrative processes that are marginally functional and/or inefficient and are in need of streamlining in the interests of the citizens of the State. Such streamlining efforts may or may not involve applications of Information Technology. Additionally, the goal is to identify the role of automated technology in enhancing Agency processes and functions,

with an eye toward developing a blueprint for technology application and infrastructure requirements for the next several years, technology resource requirements—expertise and funding.

Agency and program management staff from the entire agency were invited and encouraged to participate in the BPR Project, and to enunciate their concerns about and interests in improving the efficiency of DPHHS mission critical processes. Meetings were held with each division to target these processes and concluded with a meeting to validate and prioritize those processes that were determined “broken”, dysfunctional or marginally efficient. Resulting from the initial BPR meetings was a list of approximately 20 high priority initiatives to improve agency processes. BPR analyses have begun on the top 8, as of 02/13/2006. Those BPR Initiatives are:

TOP BPR INITIATIVES	PROJECT PHASE
Child Protective Services Payment Process	BPR complete
Buy-In and TPL Processes	BPR complete
SB324	BPR and System complete
WIC	BPR complete
Electronic Medical Records (Montana State Hospital)	TSD Staff has conducted interviews and background documentation.
Food Stamp Eligibility from TEAMS	See IT02 (section 9)
TANF Eligibility from TEAMS	See IT01 (section 9)
Develop an Integrated Health and Human Services application (Common Client Database)	Not yet scheduled

To view the Business Process Reengineering Assessment document in its entirety click on the link below:

<http://www.dphhs.mt.gov/newsevents/publications/bprassessment.pdf>

## SECTION 4: AGENCY BUSINESS PLAN

State whether or not your agency has a documented business plan; and if not, when it will be available.

Yes. DPHHS has a business plan

### 4.1 Primary Business Goals & Objectives

- |          |   |
|----------|---|
| ID: BG 1 | All Montana children are healthy, safe and in permanent loving homes          |
| BG2      | All Montanans have the tools and support to be as self-sufficient as possible |
| BG3      | All Montanans are injury free, healthy and have access to quality health care |
| BG4      | Prevent and Reduce Harm to vulnerable customers                               |

**EACH DIVISION WILL FORMULATE SPECIFIC GOALS AND OBJECTIVES TO ENSURE THE ACHIEVEMENT OF OVERALL DEPARTMENT GOALS AND**

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**PRINCIPLES.**

**Goals and objectives for each division may be viewed at:**

**<http://www.dphhs.mt.gov/aboutus/goalsobjectives/index.shtml>**

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### 4.3 Business Continuity Plan

Name of the Agency's Disaster Recovery Coordinator: Art Bisak

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### 4.4 Security Program

The Department of Public Health and Human Services Information Security and Data Access Policy can be accessed via the following link:

**<http://www.dphhs.mt.gov/newsevents/publications/informationsecuritypolicy08022004.pdf>**

## SECTION 5: RELATIONSHIPS

### 5.1 Critical Business Relationships (not in order of criticality)

1. Northrop Grumman	7. Montana State University
2. ACS	8. Maximus
3. CMS	9. CCC
4. Social Security Administration (SSA)	10. Software Innovations
5. USDA - FNS	11. Gold Systems
6. West Con	

What current inter-agency relationships do you anticipate becoming significantly stronger or weaker?

Why will the relationship change?

What future inter-agency relationships will develop?

See 'Relationship Info' in section 5.2

### 5.2 Data Exchange Relationships

<http://www.dphhs.mt.gov/itplaninterfacedocument.xls>

### 5.3 Critical Business Functions (not in order of criticality)

Maximize revenue streams and explore innovative financing options	Promote citizen's health and well being.
Deliver cost effective services to the citizens of Montana	Improve Department's performance and efficiency.
Ensure investment decisions consider policy directions, customer input, available resources, system performance and funding levels.	Continuously strive to improve the effectiveness and efficiency of operations and processes.
Help customers achieve their highest economic potential.	Support Health and Human Services strategic Business Plan through annual appraisals for all employees.
Prevent and reduce harm to vulnerable customers.	Provide safe and healthy workplace for employees through education and compliance.
Maintain an effective workforce by attracting, hiring, and retaining qualified employees.	Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.
Consistently communicate standards, guidelines, policies, and expectations throughout HHS.	

What intra-agency relationships do you anticipate becoming significantly stronger or weaker? Why?

<http://www.dphhs.mt.gov/itplaninterfacedocument.xls>

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#### 5.4 Internal Agency Data Exchange Relationship

<http://www.dphhs.mt.gov/currentsystemsandinterfaces2006.pdf>

<http://www.dphhs.mt.gov/systemsacronynms.doc>

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#### 5.5 External Agency Collaboration/Sharing

<http://www.dphhs.mt.gov/itplaninterfacedocument.xls>

## SECTION 6: AGENCY IT PLAN

### 6.1 Goals/Requirements

#### *Goal Number 1:*

##### **ITG 1      Use Information Technology to support and enhance agency business processes**

Description: Information Technology is a valuable tool that can be used to support and improve agency business processes. The agency will continue to look for ways in which Information Technology can add value to its business functions.

Benefits: Increased efficiency and effectiveness in performing agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Supports/Implements Agency Goal or Requirement: Supports all agency business goals.

Implements State IT Goals/Initiatives By: This agency IT goal supports two State IT Goals, i.e. "Improve Government Services" and "Improve the quality of life of Montana Citizens".

Timeframe for completion: Ongoing

#### **Supporting Objective**

##### **ITO 1-1      Analyze agency business processes and identify opportunities to utilize Information Technology (BPR)**

Supports/Implements State IT Goal: #2, #3 and #5

Objective: Conduct formalized Business Process Reengineering (BPR) efforts to analyze agency business processes and rework agency processes to be more efficient and effective, both for state government and the citizens that are served. When possible, utilize Information Technology to enhance these processes.

Benefits: Increased efficiency and effectiveness in performing agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Number of business processes analyzed. The Department anticipates analyzing 2 business processes per year, depending on resources and funding. (See Business Process Reengineering document for those processes already prioritized).

Timeframe for completion: Ongoing

#### **Supporting Objective**

##### **ITO1-2      Develop, maintain and enhance agency IT systems and processes to meet changing business needs or advances in technology**

Supports/Implements State IT Goal: #2, #3 and #5

Objective: Maintain and enhance existing agency IT systems as business needs change or advancements in technology become available. When necessary, build new systems to meet new business needs, to address areas that have not been previously automated or when it's more cost effective than modifying an existing system.

Benefits: Increased efficiency and effectiveness in performing agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Staff and customer satisfaction surveys. Establish measures of success based on an annual survey schedule beginning January 2007.

Timeframe for completion: Ongoing

## Supporting Objective

**ITO1-3 Purchase, deploy and support IT solutions that are deemed beneficial to our staff and / or customers and consistent with agency and state direction and standards.**

Supports/Implements State IT Goal: #2, #3 and #5

Objective: Procure IT solutions that will benefit our staff and customers.

Benefits: Increased efficiency and effectiveness in performing agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Staff and customer satisfaction surveys. Establish measures of success based on an annual baseline survey schedule beginning January 2007.

Timeframe for completion: Ongoing

## Goal Number 2:

**ITG 2 Ensure that Information Technology resources are efficient, responsive, cost-effective and available to meet agency needs.**

Description: The agency must have and maintain the IT resources needed to support ITG1. IT resources including staff, hardware and software tools, must be maintained at the appropriate levels to adequately provide this support. IT resources must operate efficiently and in a cost-effective manner, yet be responsive and available for the agency's needs.

Benefits: Increased efficiency, cost-effectiveness, responsiveness and availability of IT resources to support agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Supports/Implements Agency Goal or Requirement: Supports all agency business goals.

Implements State IT Goals/Initiatives By: This agency IT goal supports three State IT Goals, i.e. "Develop IT resources in an organized, deliberative and cost-effective manner", "Improve the quality of life of Montana Citizens" and "Improve Government services".

Timeframe for completion: Ongoing



## Supporting Objective

### ITO 2-1 Install, maintain and enhance servers, databases, networks, etc.

Supports/Implements State IT Goal: #2 and #5

Objective: Continue to upgrade and enhance the agency's IT infrastructure. This includes, but is not limited to: local and wide area networks; file and print servers; database servers; web and application servers; and Citrix servers.

Benefits: Increased efficiency, cost-effectiveness, responsiveness and availability of IT resources to support agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Define customer satisfaction surveys to address efficiency, responsiveness and availability of IT resources.

Timeframe for completion: Ongoing

## Supporting Objective

### ITO 2-2 Develop business continuity plan

Supports/Implements State IT Goal: #2 and #5

Objective: Develop a comprehensive business continuity plan for the agency. There are currently plans and pieces of plans for specific business areas, but not a complete agency plan.

Benefits: Increased availability of IT resources to support agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: A business continuity plan in place

Timeframe for completion: January 2008 for the initial agency plan. Ongoing for review and updates.

## Supporting Objective

### ITO 2-3 Build resource redundancy

Supports/Implements State IT Goal: #2 and #5

Objective: Ensure a high availability of IT resources by eliminating the possibility of a "single point of failure" by performing risk analyses of critical systems, including staffing and support. For IT infrastructure this involves both planned component redundancy and multiple processing methods. For IT staff, this involves staffing at the appropriate levels to create staffing redundancy for critical support and cross-training staff. These risk analyses will be completed by June 30, 2007.

Benefits: Increased availability of IT resources to support agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Fewer incidences of "single point of failure" events. Inventory and risk analysis of possible "points of failure" by following the business continuity plan.

In addition, we will maintain a log of down-time events and solutions.

Timeframe for completion: Ongoing.

## Supporting Objective

### ITO 2-4 Hire, Train and retain a competent IT workforce and staff at appropriate levels

Supports/Implements State IT Goal: #1, #2 and #5

Objective: Maintain a competent IT workforce and staff at the appropriate levels to support the agency business needs, including staffing redundancy (as part of ITO 2-3). This involves hiring, training and keeping qualified IT staff.

Benefits: Increased efficiency, cost-effectiveness, responsiveness and availability of IT resources to support agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Increased productivity; decreased turnover

Hiring: Benchmark IT salaries (within FY07, move agency IT salaries to 100% of benchmark (asap – this is a longer term goal which requires strategy and Dept/legislative buy-in).

Training: Develop a formal training plan and budget in FY07.

Retention: In FY07, develop a good metric for turnover, calculate rates for last five years – trend forward for indication of improvement/regression.

All of the above: Work toward development of a formal succession plan. ETA – FY08.

Timeframe for completion: Ongoing

### **Goal Number 3:**

#### **ITG 3 Collect, store and access information efficiently and appropriately.**

Description: The agency's data is a critical and valuable resource that is required for the continued success of the agency's business functions. Access to data must be appropriate, allowing efficient access for those with a "legitimate need-to-know", while preventing access to others. Data must be protected from both deliberate and accidental damage or destruction.

Benefits: Increased efficiency, decreased data redundancy and better protection of confidential and sensitive information. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Supports/Implements Agency Goal or Requirement: Supports all agency business goals.

Implements State IT Goals/Initiatives By: This agency IT goal supports the State IT Goals, "Protect individual privacy and the privacy of information contained in IT systems".

Timeframe for completion: Ongoing

### **Supporting Objective**

#### **ITO 3-1 Secure agency data, allowing only those persons with a legitimate need-to-know to access those data**

Supports/Implements State IT Goal: #4

Objective: Collect, store and access information in ways that protect it from those without a legitimate need-to-know, while still allowing efficient access to those with a real business need to use the data.

Benefits: Increased protection of sensitive and confidential information. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Internal security audit documenting employee access and legitimate need-to-know.

Timeframe for completion: Ongoing

**Supporting Objective****ITO 3-2 Minimize the redundant capture and storage of common information**

Supports/Implements State IT Goal: #2

Objective: Minimize the redundant capture and storage of common information and promote sharing and multiple-use of data when possible.

Benefits: Increased efficiency, cost-effectiveness, responsiveness and availability of IT resources to support agency business functions. Agency staff and the general public are the beneficiaries, with a special emphasis on the economically disadvantaged.

Measures: Increase number of systems that share data by promoting uses of existing data stores to prevent further redundancy of information. The ultimate solution will be to develop common databases, such as a common client database.

Timeframe for completion: Ongoing

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## 6.2 Risks

### *Risk 1:*

#### **Budget cuts –**

IT requests and enhancements continue to be given a lower priority due to lack of funding. Additional budget cuts will adversely affect the achievement of our goals and objectives (i.e. common client database).

Mitigation Strategy: Work with state CIO and governor's office to attain funds and support to compensate for budget cuts.

### *Risk 2:*

#### **Qualified Staff –**

1. Many IT Professionals are eligible to retire within the next 5 years. Succession planning is critical.
2. Changing technology has resulted in programmers coming out of school with no skills in environments like IDMS and COBOL, used in our current legacy systems.
3. Competing with other state agencies and private sector for IT staff.

Mitigation Strategy: Develop a Succession Plan. (See ITO2-4)

### *Risk 3:*

#### **Mandates –**

Non-funded or under-funded mandates from Federal government, State legislature, state policies and procedures and court decisions affect and take priority over our systems' other highly prioritized system fixes and enhancements.

Mitigation Strategy: Explore ideas of developing a mandated technology fund. Also, to become more emphatic in the fiscal note process and involve IT staff in that process.

## SECTION 7: ENTERPRISE ALIGNMENT

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### 7.1 State Strategic Plan for IT Alignment

None. All of DPHHS' Initiatives, Activities and plans align with the State Strategic Plan.

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### 7.2 Standards/Compliance Issues

Issue: WIC (Women Infants and Children) software written in FoxPro (a non-state standard software package)

Resolution Plan: DPHHS is actively pursuing procurement of the Maryland WIC system that is written in an ASP/.NET format with an Oracle backend.

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Issue: The Presumptive Eligibility System is written in R:Base 3.1c (an old DOS version of Rbase).

Resolution Plan: DPHHS plans to incorporate the Presumptive Eligibility function within CHIMES.

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Issue: The CATS system, used for tracking commodities, is written in FoxPro.

Resolution Plan: Continue to use until an update becomes available

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Issue: The AWACS DDP system is written in Power Builder.

Resolution Plan: DPHHS has begun the process of re-writing the AWACS DDP system using Oracle.

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Issue: The ADIS system is outdated and runs on the Department of Corrections AS/400 computer.

Resolution Plan: DPHHS has begun the process of re-writing the ADIS system using Oracle.

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## SECTION 8: EXPENDITURES

### 8.1 Planned Agency IT Expenditures

<u>Expense Category</u>	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>	<u>FY2010</u>	<u>FY2011</u>
Personal Services	4,206,271	4,332,459	4,549,082	4,776,536	5,015,363	5,266,131
ITSD Contracted Services	7,108,500	7,159,029	7,516,980	7,892,829	8,287,471	8,701,844
Other State Agency Contracted Services						
Outside Contracted Services	20,245,304	26,719,351	41,567,819	22,562,334	41,707,826	42,831,843
Hardware	1,192,947	1,192,947	1,252,594	1,315,224	1,380,985	1,450,035
Telecommunications	1,886,973	1,886,973	1,981,322	2,080,388	2,184,407	2,293,627
Software	177,346	177,346	186,213	195,524	205,300	215,565
Maintenance	356,229	356,229	374,040	392,742	412,380	432,999
Training						
Miscellaneous	79,084	79,084	83,038	87,190	91,550	96,127
<b>Totals</b>	<b>35,252,654</b>	<b>41,903,418</b>	<b>57,511,089</b>	<b>39,302,767</b>	<b>59,285,282</b>	<b>61,288,171</b>

### 8.2 Total Agency Budget

	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>
Total Agency Budget	1,367,271,513	1,392,162,005	1,475,282,605	1,527,962,861

### 8.3 Augmented IT Funding

<u>Source</u>	<u>Fiscal Year</u>	<u>Amount</u>	<u>Project/Spend Item</u>
N/A			

## 8.4 Staffing

Job class code	Job Title	A. Number of authorized FTEs within agency	B. Number of FTEs performing IT outside of IT units	C. Number of contracted IT FTEs	D. Total (A+B+C)	Rank most difficult to recruit and train (1 = most difficult; 2 = next most difficult; etc.)
1132nn	IT manager	7.00	1.00	7.82	15.82	1
15111n	IT Supervisor			18.30	18.30	
1512nn	Programmer	3.00	2.00	9.85	14.85	
15123n	QA analyst			6.10	6.10	
15131n	Systems Engineer				0.00	
15133n	Application Engineer			2.00	2.00	
1514nn	Support Technician,		1.00		1.00	
1514nn	Support Specialist	10.00	8.00	15.50	33.50	1
151133A	Website Engineer	1.00		0.25	1.25	1
15133B	Programmer Analyst			15.13	15.13	
15142B	Help Desk Analyst	6.00		9.50	15.50	2
15142C	IT Methodology Technician				0.00	
15142E	Tech Support Analyst				0.00	
1515nn	Systems Analyst	10.00	5.00	63.31	78.31	1
1516nn	Database Analyst	3.00		2.06	5.06	1
1517nn	Network Administrator			0.51	0.51	
15173n	Security Specialist	3.00			3.00	
1518nn	Network Systems Analyst	16.00		4.02	20.02	1
15183n	Telecommunications Specialist				0.00	
15183B	Network Engineer				0.00	
15193D	Systems Architect				0.00	
43902n	Data Center Operator	1.00			1.00	
4391nn	Computer Operator			3.00	3.00	
1318nn	Management Analyst		2.00	2.00	4.00	
	Other				0.00	
	Other				0.00	
	Other				0.00	
	<b>Total</b>	60	19	159.35	238.35	

Agency FTEs 2,821.04

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## 8.5 Staffing Shortfalls

Time Frame	IT Staffing Challenge
asap	Senior Programmer/Analyst
asap	IS Manager
asap	Help Desk Supervisor
asap	Project Manager
asap	Business Analyst



## SECTION 9: IT INITIATIVES (FY2006-2011)

DPHHS is currently analyzing options regarding hardware for all of the following systems, therefore it is premature to document these costs. The figures below include possible hardware estimates.

### 9.1 Initiatives

**Initiative Number:** IT01

**Title:** New Temporary Assistance for Needy Families (TANF) Eligibility System

**Description:** Extract the TANF Eligibility Function from the TEAMS mainframe system.

**EPP Number (if applicable):**

**Initiative Type:** Replacement of Existing System

#### Estimated Initiative Costs

<u>Expense Category</u>	<u>FY2006</u>	<u>FY2007</u>	<u>FY2008</u>	<u>FY2009</u>	<u>FY2010</u>	<u>FY2011</u>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services			5,000,000			
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	0	0	5,000,000	0	0	0

#### Estimated Schedule

Start (Month/Year): 07/01/2007

End (Month/Year): 06/30/2009

Will this initiative be ongoing from the start date? Yes

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Improve Department's performance and efficiency

Promote citizens' health and well-being

Prevent and reduce harm to vulnerable customers

Continuously strive to improve the effectiveness and efficiency of operations and processes.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

### ***Agency IT Goals & Objectives***

ITG 1 Use Information Technology to support and enhance agency business processes.

ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.

ITG3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

*Description of hardware and software environment.*

*Describe primary computer and network hardware that will be allocated to this initiative. Where will the servers be located (city and building).*

Initially, this system will require an Oracle database server and an Oracle IAS web server and a SAN located in the DPHHS Sanders building in Helena. Eventually, we plan to place another database and web server and SAN in another site (possibly Billings) to provide redundancy and higher availability.

*Describe primary IT software applications to support this initiative.*

This application will require Oracle 9i database software, Oracle 10g IAS web software and Ilog Jrules Rules engine software.

*Describe intra-agency or inter-agency services the agency will require to support*

The agency will require wide area network support from DOA/ITSD. The agency's Public Assistance offices will need to access this application. Most sites should have sufficient bandwidth, however there may be some 56 kb sites that might have to be upgraded, depending on performance.

*Describe any consulting contracts and outsourced professional services needed to implement and support this initiative.*

A consulting contract will be required for development, implementation and ongoing facilities management and support of the system, including system enhancements, and modifications.

*Identify any Internet of Web Services, telephony or other access methods needed in order to implement this initiative or provide services.*

The application will be web-based and will require PCs with internet browsers.

*Identify the sites and locations affected by this initiative. Describe the network traffic and bandwidth impacts.*

As noted above, this application will be accessed by the agency's Public Assistance offices that are located across the state. Again, most sites should have sufficient bandwidth, but there may be some slower connections that will need to be upgraded.

### ***Risk***

TEAMS is a mainframe system developed in 1990, finding programmers with IDMS and COBOL skill-sets needed to develop, enhance and maintain the system is very difficult. Currently TANF and Food Stamp eligibility is determined in TEAMS, with both combined in one system, changes necessary for Federal mandates, e.g., TANF Reauthorization are more difficult and require more time to complete than if the programs were separated. Based on this, when large changes are requested, other projects or enhancements work must be stopped to meet the Federal requirements.

***Initiative Number:*** IT02

***Title:*** New Food Stamp Eligibility System

***Description:*** Extract the Food Stamp Eligibility Function from the TEAMS mainframe system.

***EPP Number (if applicable):***

***Initiative Type:*** Replacement of Existing System

### ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted			5,000,000			

Services						
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>5,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>

### ***Estimated Schedule***

Start (Month/Year): 07/01/2007

End (Month/Year): 06/30/2009

Will this initiative be ongoing from the start date? Yes

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Improve Department's performance and efficiency.

Promote citizens' health and well-being.

Prevent and reduce harm to vulnerable customers

Continuously strive to improve the effectiveness and efficiency of operations and processes.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

### ***Agency IT Goals & Objectives***

ITG 1 Use Information Technology to support and enhance agency business processes.

ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.

ITG3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

*Description of hardware and software environment.*

*Describe primary computer and network hardware that will be allocated to this initiative. Where will the servers be located (city and building).*

Initially, this system will require an Oracle database server and an Oracle IAS web server and a SAN located in the DPHHS Sanders building in Helena. Eventually, we plan to place another database and web server and SAN in another site (possibly Billings) to provide redundancy and higher availability.

*Describe primary IT software applications to support this initiative.*

This application will require Oracle 9i database software, Oracle 10g IAS web software and Ilog Jrules Rules engine software.

*Describe intra-agency or inter-agency services the agency will require to support*

The agency will require wide area network support from DOA/ITSD. The agency's Public Assistance offices will need to access this application. Most sites should have sufficient bandwidth, however there may be some 56 kb sites that might have to be upgraded, depending on performance.

*Describe any consulting contracts and outsourced professional services needed to implement and support this initiative.*

A consulting contract will be required for development, implementation and ongoing facilities management and support of the system, including system enhancements, and modifications.

*Identify any Internet of Web Services, telephony or other access methods needed in order to implement this initiative or provide services.*

The application will be web-based and will require PCs with internet browsers.

*Identify the sites and locations affected by this initiative. Describe the network traffic and bandwidth impacts.*

As noted above, this application will be accessed by the agency's Public Assistance offices that are located across the state. Again, most sites should have sufficient bandwidth, but there may be some slower connections that will need to be upgraded.

## ***Risk***

TEAMS is a mainframe system developed in 1990, finding programmers with IDMS and COBOL skill-sets needed to develop, enhance and maintain the system is very difficult. Currently TANF and Food Stamp eligibility is determined in TEAMS, with both combined in one system, changes necessary for Federal mandates, e.g., TANF Reauthorization are more difficult and require more time to complete than if the programs were separated. Based on this, when large changes are requested, other projects or enhancements work must be stopped to meet the Federal requirements.

***Initiative Number:*** IT03

***Title:*** New Child and Adult Protective Services (CAPS) System

***Description:*** Replace the existing CAPS mainframe system.

***EPP Number (if applicable):***

***Initiative Type:*** Replacement of Existing System

## ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						

Other State Agency Contracted Services						
Outside Contracted Services			8,000,000			
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>8,000,000</b>	<b>0</b>	<b>0</b>	<b>0</b>

### ***Estimated Schedule***

Start (Month/Year): 07/01/2007

End (Month/Year): 06/30/2009

Will this initiative be ongoing from the start date? Yes

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Improve Department's performance and efficiency

Promote citizens' health and well-being

Prevent and reduce harm to vulnerable customers

Continuously strive to improve the effectiveness and efficiency of operations and processes.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

### ***Agency IT Goals & Objectives***

ITG 1 Use Information Technology to support and enhance agency business processes.

ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.

ITG3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

*Description of hardware and software environment.*

*Describe primary computer and network hardware that will be allocated to this initiative. Where will the servers be located (city and building).*

Although design of this new system has not begun, it is safe to assume that it will be built to reside on a mid-tier Oracle platform.

*Describe primary IT software applications to support this initiative.*

This application will likely require Oracle database and web software.

*Describe intra-agency or inter-agency services the agency will require to support*

This application will require DOA/ITSD wide-area network support.

*Describe any consulting contracts and outsourced professional services needed to implement and support this initiative.*

A consulting contract will be required for development, implementation and ongoing facilities management and support of the system, including system enhancements, and modifications.

*Identify any Internet of Web Services, telephony or other access methods needed in order to implement this initiative or provide services.*

It's likely that this application will be web-based, requiring internet browsers on users' PCs.

*Identify the sites and locations affected by this initiative. Describe the network traffic and bandwidth impacts.*

This application would need to be accessed by the same offices that currently use the CAPS system. It is unknown at this time if this system will impact the state network.

### ***Risk***

CAPS is a mainframe system developed in 1996, finding programmers with IDMS and COBOL skill-sets needed to develop, enhance and maintain the system is very difficult. The current system no longer meets the needs of the users and does not meet mandated reporting requirements, causing many mandated functions to be performed outside the system.

***Initiative Number:*** IT04

***Title:*** New Women Infants and Child (WIC) System.

***Description:*** Replace the existing WIC system.

***EPP Number (if applicable):***

***Initiative Type:*** Replacement of Existing System

### ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services				475,000		
Hardware						
Telecommunications						
Software						

Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	<b>0</b>		<b>0</b>	<b>475,000</b>	<b>0</b>	<b>0</b>

### ***Estimated Schedule***

Start (Month/Year): 10/01/2008

End (Month/Year): 10/01/2009

Will this initiative be ongoing from the start date? Yes

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Improve Department's performance and efficiency

Promote citizens' health and well-being

Prevent and reduce harm to vulnerable customers

Continuously strive to improve the effectiveness and efficiency of operations and processes.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

### ***Agency IT Goals & Objectives***

ITG 1 Use Information Technology to support and enhance agency business processes.

ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.

ITG3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

#### *Description of hardware and software environment.*

The new WIC system will be an ASP / .NET application with an Oracle backend database.

*Describe primary computer and network hardware that will be allocated to this initiative. Where will the servers be located (city and building).*

This system will reside primarily in the Sanders building in Helena on a Windows Web server and an Oracle database server.

*Describe primary IT software applications to support this initiative.*

ASP / .NET and Oracle dbms software.

*Describe intra-agency or inter-agency services the agency will require to support*

The agency will require wide-area network support from DOA/ITSD.



*Describe any consulting contracts and outsourced professional services needed to implement and support this initiative.*

Ongoing support and maintenance will be provided by in house IT staff.

*Identify any Internet of Web Services, telephony or other access methods needed in order to implement this initiative or provide services.*

User PCs will require an Internet browser.

*Identify the sites and locations affected by this initiative. Describe the network traffic and bandwidth impacts.*

This application will be used by WIC offices which are located across the state. It is not anticipated that this application will have any network impacts.

## ***Risk***

The WIC MIS system built in 1994 by Andersen Consulting was operating from an XDB database running in a DOS environment with the majority of programs running in Microfocus COBOL until May of 2005. A 2004 analysis of the back end database revealed limited or no system documentation and a significant size database running on obsolete hardware and software that was no longer vendor supported. The analysis rated the WIC database condition as being in an emergency replacement status due to the high risk of system crash and major hardware/software meltdown that could only be fixed or patched with used parts and components. IT support staff relied on undocumented experience and knowledge for running, fixing and trouble shooting any problems. DPHHS requested a Gap Analysis to be conducted to find a solution to immediately address the system deficiency. In June 2004, DPHHS received a statement of work from Northrop Grumman to convert the WIC database to Oracle 9i as an effort to improve stability and longevity of the system as a short term fix until DPHHS was in a better position to: 1) Build a new system; or, 2) Transfer an existing system from another state. Work began and conversion of the WIC central database to Oracle 9i, running in Windows 2000 was completed and implemented May 2005. While the converted version of the WIC system is now running in a more stable environment, components that could not be converted because of the high cost and unjustifiable resource hours for conversion; such as Vendor Management and most of the state reports, remain unusable or problematic today. DPHHS continues to diligently seek a WIC system solution that will meet state and department IT standards and that meets with WIC program needs. As a result of a recent WIC BPR conducted in August 2005, DPHHS managers believe the next step now should be to ask for a federal grant to migrate the Maryland WIC system over to Montana. WIC program and IT staff reviewed a demo of the Maryland WIC system in December 2005 and determined that the system will meet 90 percent or more of Montana WIC program requirements and needs without significant changes.

***Initiative Number:*** IT05

***Title:*** Combined Health Information and Medicaid Eligibility System (CHIMES).

***Description:*** Additional Functionality for Combined Health Information and Medicaid Eligibility System (CHIMES), and funding for system platform.

***EPP Number (if applicable):***

**Initiative Type:** Costs associated with a new system

### ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services	500000	350000	27500	27500	27500	27500
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	500,000	350,000	27,500	27,500	27,500	27,500

### ***Estimated Schedule***

Start (Month/Year): 04/01/2006

End (Month/Year): 09/30/2007

Will this initiative be ongoing from the start date? Yes

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Improve Department's performance and efficiency

Continuously strive to improve the effectiveness and efficiency of operations and processes.

Prevent and reduce harm to vulnerable customers

Promote citizens health and well being

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

### ***Agency IT Goals & Objectives***

ITG 1 Use Information Technology to support and enhance agency business processes.

ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.

ITG3 Collect, store and access information efficiently and appropriately.

## **Technical Approach**

### *Description of hardware and software environment.*

*Describe primary computer and network hardware that will be allocated to this initiative. Where will the servers be located (city and building).*

Initially, this system will require an Oracle database server and an Oracle IAS web server located in the DPHHS Sanders building in Helena.

The language provided above and cost listed in the above table (FY2007-FY2011) assumes the platform for CHIMES will be in-house. At this point the Department is reviewing other feasible options, including quotes from DofA ITSD, and the private sector. At the time a decision is made, an update to the IT Plan will be made.

### *Describe primary IT software applications to support this initiative.*

This application will require Oracle 9i database software, Oracle 10g IAS web software and Ilog Jrules Rules engine software.

### *Describe intra-agency or inter-agency services the agency will require to support*

The agency will require wide area network support from DOA/ITSD. The agency's Public Assistance offices will need to access this application. Most sites should have sufficient bandwidth, however there may be some 56 kb sites that might have to be upgraded, depending on performance.

### *Describe any consulting contracts and outsourced professional services needed to implement and support this initiative.*

A consulting contract is in place for development, implementation and ongoing facilities management and support of the system, including system enhancements, and modifications.

### *Identify any Internet of Web Services, telephony or other access methods needed in order to implement this initiative or provide services.*

The application will be web-based and will require PCs with internet browsers.

### *Identify the sites and locations affected by this initiative. Describe the network traffic and bandwidth impacts.*

As noted above, this application will be accessed by the agency's Public Assistance offices that are located across the state. Again, most sites should have sufficient bandwidth, but there may be some slower connections that will need to be upgraded.

## **Risk**

CHIMES is scheduled for implementation in late FY2006, the additional functionality is required to insure Medicaid eligibility determination meets current federal and state mandates and also insures CHIMES meets federal and state reporting requirements. Hardware and software will need to be purchased to provide the platform to support the system.

**Initiative Number:** IT06

**Title:** Big Sky Rx

**Description:** Development and on going support for Big Sky Rx

**EPP Number (if applicable):**

**Initiative Type:** New System

### **Estimated Initiative Costs**

<b>Expense Category</b>	<b>FY2006</b>	<b>FY2007</b>	<b>FY2008</b>	<b>FY2009</b>	<b>FY2010</b>	<b>FY2011</b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services	325,953	450000	150000	150000	200000	200000
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	<b>325,953</b>	<b>450,000</b>	<b>150,000</b>	<b>150,000</b>	<b>200,000</b>	<b>200,000</b>

### **Estimated Schedule**

Start (Month/Year): 08/25/2005

End (Month/Year): 06/30/2007

Will this initiative be ongoing from the start date? Yes

### **Business Requirement & Initiative Scope**

Deliver cost effective services to the citizens of Montana.

Improve Department's performance and efficiency

Continuously strive to improve the effectiveness and efficiency of operations and processes.

Prevent and reduce harm to vulnerable customers

Promote citizens health and well being

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

### ***Agency IT Goals& Objectives***

- ITG 1 Use Information Technology to support and enhance agency business processes.
- ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.
- ITG3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

#### *Description of hardware and software environment.*

Big Sky Rx will be an Oracle Forms 6i client/server application with a small number of users (clients) working on the Capitol Complex in Helena. The backend database is Oracle 9i. Big Sky Rx will run on existing servers and disk storage.

#### *Describe primary computer and network hardware that will be allocated to this initiative. Where will the servers be located (city and building).*

BigSky Rx will utilize an existing Oracle 9i database that's located on a server in Helena at 111 Sanders.

#### *Describe primary IT software applications to support this initiative.*

Oracle Forms Runtime 6i will be required for the PC client machines. Oracle 9i RDBMS will be needed for the backend database.

#### *Describe intra-agency or inter-agency services the agency will require to support*

Wide and local area network support. Database support. Application and PC support.

#### *Describe any consulting contracts and outsourced professional services needed to implement and support this initiative.*

A consulting contract is in place for development, implementation and ongoing facilities management and support of the system, including system enhancements, and modifications.

#### *Identify any Internet of Web Services, telephony or other access methods needed in order to implement this initiative or provide services.*

BigSky Rx will require the local area network for communications between the client PCs and the database server.

#### *Identify the sites and locations affected by this initiative. Describe the network traffic and bandwidth impacts.*

Clients are all located on the Capitol Complex. There are no significant impacts to the network anticipated.

### ***Risk***

The risks if Big Sky Rx is not implemented:

DPHHS is not in compliance with the mandate of the 2005 legislature.

Senior or disabled Montanans will be unable to pay the Medicare premiums.

Senior or disabled Montanans health could worsen if pharmaceuticals are not provided.

A financial hardship for the elderly and disabled.

**Initiative Number:** IT07

**Title:** HIFA Waiver

**Description:** The 2005 Legislature approved the Agency to seek the approval of an 1115 Waiver (HIFA Waiver) from CMS.

**EPP Number (if applicable):**

**Initiative Type:** Major enhancement to an existing application

### ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services		1,500,000	2,000,000	500,000		
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	0	1,500,000	2,000,000	500,000	0	0

### ***Estimated Schedule***

Start (Month/Year): January 1, 2007

End (Month/Year): December 31, 2008

Will this initiative be ongoing from the start date? Yes. The anticipated start date for this system enhancement is unknown at this time. We are estimating a begin date of January 1, 2007 based on most recent information pertaining to the 1115 waiver submission process. It is anticipated that the system enhancement design and implementation will take two years.

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Prevent and reduce harm to vulnerable customers.

Promote citizens health and well being.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

The 1115 Waiver (HIFA Waiver) allows states the flexibility of providing health insurance to citizens that otherwise would not qualify for traditional Medicaid services and yet cannot afford health insurance. This initiative will provide for the system requirements necessary to implement the HIFA Waiver through the Medicaid Management Information System (MMIS). Funding is anticipated to be 90/10 federal and general funds for systems development.

### ***Agency IT Goals & Objectives***

- ITG 1 Use Information Technology to support and enhance agency business processes.
- ITG 2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.
- ITG 3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

This initiative is a system enhancement to the current MMIS system for tracking, reporting and claims processing for services provided under the new 1115 Waiver (HIFA Waiver). The MMIS system is housed and supported by the states MMIS Fiscal Agent; no impact on the state's network is anticipated by this initiative.

### ***Risk***

The HIFA Waiver will increase the states ability to provide much needed health care and health insurance assistance to the citizens of Montana. If this initiative is not approved the DPHHS will not be able to meet the federally required tracking and reporting requirements for the data related to the HIFA Waiver, thus jeopardizing the states federal approval of the waiver.

***Initiative Number:*** IT08

***Title:*** National Provider ID

***Description:*** National Provider Identification remediation.

***EPP Number (if applicable):***

***Initiative Type:*** Major enhancement to an existing system

### ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						

ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services		5,000,000				
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	0	5,000,000	0	0	0	0

### *Estimated Schedule*

Start (Month/Year): January 2007

End (Month/Year): January 2008

Will this initiative be ongoing from the start date? No. It is estimated that this project will take six to twelve months to complete. It is not known at this time when this project will begin.

### *Business Requirement & Initiative Scope*

Deliver cost effective services to the citizens of Montana.

Prevent and reduce harm to vulnerable customers.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

This initiative is anticipated to take place in the near future all though it is unknown exactly when. This initiative is necessary to provide for the MMIS remediation work required as a result of a federal mandate to states for National Provider Identification ability and UR Forms updates. Funding is anticipated to be 90/10 federal and general funds for systems development.

### *Agency IT Goals& Objectives*

ITG1 Use Information Technology to support and enhance agency business processes.

ITG2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.

ITG3 Collect, store and access information efficiently and appropriately.

### *Technical Approach*

This initiative is a system enhancement to the current MMIS system. The MMIS system is housed and supported by the states MMIS Fiscal Agent; no impact on the state's network is anticipated by this initiative.



***Risk***

If this initiative is not approved, the DPHHS cannot move forward with the required enhancements to meet the federally mandated National Provider ID reporting. This could result in sanctions and or penalties to the state of Montana that could possibly include loss of federal Medicaid funding.

***Initiative Number:*** IT09

***Title:*** MMIS Replacement Analysis

***Description:*** Medicaid Management Information System Replacement Project Analysis

***EPP Number (if applicable):***

***Initiative Type:*** Analysis for possible replacement of an existing system.

***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services			1,000,000			
Hardware						
Telecommunications						
Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	0	0	1,000,000	0	0	0

***Estimated Schedule***

Start (Month/Year):01/2008

End (Month/Year):

Will this initiative be ongoing from the start date? It is anticipated that this project will run between 6 months to one year to fully analyze the agency needs.

***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Prevent and reduce harm to vulnerable customers.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

This initiative is anticipated to take place in the near future all though it is unknown exactly when. This initiative would provide contractor funding for the analysis of the current MMIS system and to determine the agency needs for a replacement MMIS system. It is anticipated that the results of this project could end with a recommendation for a new MMIS system. This would result in a new RFP. Current agency staff are not able to properly perform the analysis required for this project. Funding is anticipated to be 75/25 federal and general funds for system costs.

### ***Agency IT Goals& Objectives***

- ITG1 Use Information Technology to support and enhance agency business processes.
- ITG2 Ensure that Information Technology resources are efficient, responsive, cost effective and available to meet agency needs.
- ITG3 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

This initiative could result in an RFP for a new MMIS system. No impact on the state's network is anticipated.

### ***Risk***

Current staff does not have the time or capability to perform this analysis. If this initiative is not approved, the state will not be able to perform a comprehensive, independent evaluation of the MMIS, thus resulting in an outdated system that is not capable of meeting new and future federal tracking and reporting requirements.

***Initiative Number:*** IT10

***Title:*** MMIS Replacement

***Description:*** Replacement of the Medicaid Management Information System

***EPP Number (if applicable):***

***Initiative Type:*** Replacement of Existing Application or System

### ***Estimated Initiative Costs***

<b><u>Expense Category</u></b>	<b><u>FY2006</u></b>	<b><u>FY2007</u></b>	<b><u>FY2008</u></b>	<b><u>FY2009</u></b>	<b><u>FY2010</u></b>	<b><u>FY2011</u></b>
Personal Services						
ITSD Contracted Services						
Other State Agency Contracted Services						
Outside Contracted Services					19,000,000	19,000,000
Hardware						
Telecommunications						

Software						
Maintenance						
Training						
Miscellaneous						
<b>Totals</b>	0	0	0	0	19,000,000	19,000,000

### ***Estimated Schedule***

Start (Month/Year):FY2010

End (Month/Year): FY2011

Will this initiative be ongoing from the start date? It is estimated that a system re-write of the MMIS system would take two years to complete. Continued maintenance of the system would be ongoing from the time of completion of the re-write.

### ***Business Requirement & Initiative Scope***

Deliver cost effective services to the citizens of Montana.

Prevent and reduce harm to vulnerable customers.

Use information technology cost effectively to improve efficiency of programs and processes to support changing business needs.

This initiative is dependent upon the results from the MMIS Replacement Analysis initiative. If the MMIS Replacement Analysis initiative results in a recommendation of a new MMIS system, an EPP based on this initiative will be presented to the 2009 Legislature. It is unknown at this time what the potential cost for a new MMIS system would be. Funding is anticipated to be 90/10 federal and general funds for systems development.

It is estimated that this initiative could conceivably cost over \$38 million dollars. The State of North Dakota has recently completed a re-write of their MMIS system at a cost of over \$38 million.

### ***Agency IT Goals& Objectives***

ITG1 Use Information Technology to support and enhance agency business processes.

ITG2 Collect, store and access information efficiently and appropriately.

### ***Technical Approach***

If DPHHS does move forward to request funding for a new MMIS system, it is anticipate that it will be housed and supported by the state's MMIS Fiscal Agent, and will have no impact on the state's network.

### ***Risk***

If a new MMIS is determined to be needed, the risk of not moving forward with this initiative will result in an outdated MMIS that does not meet federally required tracking and reporting which could result in federal sanctions and/or penalties.

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## 9.2 Initiative Interdependencies

***Initiative Number(s)***

&lt;IT09&gt;

***Interdependency Description:***

< This initiative would provide contractor funding for the analysis of the current MMIS system and to determine the agency needs for a replacement MMIS system. It is anticipated that the results of this project could end with a recommendation for a new MMIS system - IT10.

***Initiative Number(s)***

&lt;IT10&gt;

***Interdependency Description:***

< This initiative is dependent upon the results from the MMIS Replacement Analysis initiative IT09. If the MMIS Replacement Analysis initiative results in a recommendation of a new MMIS system, an EPP based on this initiative will be presented to the 2009 Legislature.

## SECTION 10: IT ACTIVITIES

### 10.1 Activities

<b>ID</b>	<b>Description</b>	<b>Start Date</b>	<b>End Date</b>	<b>Cost</b>
<b>A1</b>	Citrix Expansion - HHS currently has 8 servers in our Citrix farm. Two servers are scheduled for replacement each year. Farm expansion may be necessary if additional applications are deployed via Citrix. HHS uses Citrix to manage its applications (e.g. CDS, homeless, Vacman, PHDS, MICRS, and CFS time study) and access from a secure platform that ensures federal security compliance.	Ongoing		\$100,000
<b>A2</b>	Wireless Expansion - HHS is interested in wireless technology. HHS will be exploring using this technology in our offices and institutions.	Ongoing		\$45,000
<b>A3</b>	Imaging Expansion - HHS is interested in using imaging more extensively. Several divisions have expressed interest and may request this if funding is available.	Ongoing		
<b>A4</b>	Office Moves (Kalispell, Northgate, Browning, Billings, CSED)			
<b>A5</b>	Single sign-on product evaluation - HHS is looking at several products but has not found a product to meet our business requirements and HHS is waiting for state direction on this.			\$140,000
<b>A6</b>	Personnel video conferencing - HHS has been working with ITSD on using this technology and is awaiting the network expansion to utilize these products			
<b>A7</b>	Improve BENDEX/SDX Interfaces			
<b>A8</b>	Medicaid Buy-in Redesign			
<b>A9</b>	Implement \$25 fee for TANF applicants		10/1/2007	\$122,000
<b>A10</b>	Wx Web - A weatherization system to house and track weatherization documents (this is currently a manual process).	03/2006		
<b>A11</b>	Filenet Services for KIDS and Big Sky RX			
<b>A12</b>	Automate the Child Support enforcement cost of care allocation within the CAPS trust account module. This will include an interface between SEARCHS and CAPS.			
<b>A13</b>	Build upon the department's vision of a Common Client Database. This shared database would be a repository of common client and provider data in one central location. The data would interface with other department systems and also with other agencies.	Ongoing		
<b>A14</b>	Add licensing and payment information to MTROM (Montana Results Oriented Management) tool. This system currently extracts data from CAPS and aids the Child and Family Services Division in management reporting.	7/1/2005	6/30/2007	\$219,022

<u>ID</u>	<u>Description</u>	<u>Start Date</u>	<u>End Date</u>	<u>Cost</u>
<b>A15</b>	Electronic Birth Registration and Electronic Death registration modules -			
<b>A16</b>	Develop and Enhance CSED web enabled applications and/or interactive web site that allows clients to access payment history, guidelines, a directory of workers, ability to make child support payments, download forms, and submit forms to CSED.			
<b>A17</b>	Automate EFT and credit card payments for CSED			
<b>A18</b>	Foster Care GIS Application for Child and Family Services Division			
<b>A19</b>	Maintain and enhance the MICRS system over the biennium. In addition to ongoing maintenance of the system, there are regular State and Federal mandates that require modifications to the complex automated billing packages used by the MICRS system.			\$250,000
<b>A20</b>	Implement New Buy-in System			
<b>A21</b>	Implement New HIPPS System			

## 10.2 Videoconferencing Capability/Needs

Does the agency currently use videoconferencing? **Yes/No**

List the types of videoconferencing systems/equipment used. (Such as H.320/H.323)

How much does the agency spend on videoconferencing in the following categories:

Licensing:	--
Equipment:	--
Maintenance:	--
Transport Fees:	--
Personnel:	\$24000

Estimate of the agency's annual savings by using videoconferencing:	Minimal
How do you use videoconferencing:	Sanders Building operates as a central METNET site used by state agencies and the public. HHS provides an operator. Cogswell Building has a new polycom system for use primarily in a disaster situation. Warm Springs has a polycom system used primarily to communicate with the court system. MDC at Boulder has an older H.320 system.
Describe your video quality requirements.	Warm Springs has a need for a high quality dedicated video system.
Number of agency videoconferencing sites:	4
Number of video systems per site:	1

Contact person for videoconferencing at your agency:	Teri Lundberg
How many videoconferencing sites will your agency deploy over the next biennium:	1 -- MHNCC in Lewistown is interested in the getting a video system to communicate with Telemedicine and the courts.
How many video systems will be deployed at the sites:	1
Who maintains the agency's videoconferencing equipment:	ITSD -- Visionnet
What is the plan for maintenance of existing sites:	Plan: Fix if it breaks. Equipment: Cost:
What is the plan for upgrades:	Plan: No funding available within HHS to upgrade at this time. Schedule: Cost:

## Network Requirements Survey

1. If your agency is planning new applications or services with any of the network requirements listed below, please fill in the name of the application or service and circle the appropriate response. If any application or service will use a backend database, also complete row 7.

name of planned application or service →	Chimes	Awacs/DDP	SAMS				
<b>APPLICATION NETWORK REQUIREMENTS</b>							
1. Access from the Internet	<b>Yes</b>	No	Yes	Y/N	Y/N	Y/N	Y/N
2. Encryption	<b>Yes</b>	No	Yes	Y/N	Y/N	Y/N	Y/N
3. High availability requirement	Yes	No	No	Y/N	Y/N	Y/N	Y/N
4. Service to multiple locations	Yes	Yes	Yes	Y/N	Y/N	Y/N	Y/N
5. Quality of service (QOS) enabling guaranteed delivery times of data	No	No	No	Y/N	Y/N	Y/N	Y/N
6. Backend database required	Yes	Yes	Yes	Y/N	Y/N	Y/N	Y/N

7. Average amount of data in Megabytes (MB) transferred between the database and front-end server per session	Unknown	Unknown	unknown				
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\*\* Many enhancements to existing HHS systems will have application requirements also.

## 2. Wireless technologies

Does your agency have plans to utilize wireless LAN technologies?	<u>Yes</u> No
Does your agency have plans to utilize Wireless PDA's or BlackBerry type devices	<u>Yes</u> No
Does your agency have plans to utilize wireless technologies other than Cell service for voice?	<u>Yes</u> No
Do you anticipate roaming voice within a building?	<u>Yes</u> No
Do you anticipate roaming voice between buildings?	<u>Yes</u> No

## 3. Voice over IP (VoIP) Complete a row for each anticipated use.

Anticipated Use (call center, voice mail delivered to PC, etc.)	Location	Number of employees
Not planned but if VoIP is available, HHS will have uses for it.		

## 4. Storage and Backup

Do you anticipate replicating or backing up data to additional locations or servers? Yes/No

If you anticipate using SAN storage, complete the table below,

data type (replication, backup, or synchronization)	location of data source	location of data destination	Data size in MB or TB	Interval (per transaction, hourly)
	In planning stages; Chimes has a requirement for a SAN			

## 5. What are your new requirements for remote access to Summitnet beyond what you do today?

Personal video conferencing; increased speed /bandwidth for applications

## 6. Describe how you perform workstation patch management, and what tools are used, for both Microsoft and non-Microsoft products.

Microsoft – WSUS and Patchlink AIX – as required



## 7. Miscellaneous

7a. Do you patch your workstations after first shift hours?	<u>Yes</u>	No
7b. Do you anticipate migrating from Novell to Microsoft for services such as file and print	<u>Yes</u>	No
7c. Do you anticipate joining your workstations to a directory structure? Already in HHS	<u>Yes</u>	No
7d. Do you anticipate increasing your use of GIS applications?	<u>Yes</u>	No
<p>7e. If you answered "yes" to 7d, provide details unless you have described these requirements in the agency IT Template.</p> <p>Several HHS applications listed in HHS plan anticipate using GIS.</p>		